

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SPECIAL OPERATIONS FOR AMERICA

ADDRESS (number and street)

PO BOX 3245

☐ Check if different than previously reported. (ACC)

SARATOGA SPRINGS

NY

12866

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00523241

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer KAARLO HIETALA

Signature of Treasurer

KAARLO HIETALA

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SPECIAL OPERATIONS FOR AMERICA

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		255904.58
(b) Cash on Hand at Beginning of Reporting Period.....	183529.83	
(c) Total Receipts (from Line 19) .....	152446.70	1998538.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	335976.53	2254442.88
7. Total Disbursements (from Line 31) .....	295348.35	2213814.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	40628.18	40628.18
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**SPECIAL OPERATIONS FOR AMERICA**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10	/	16	/	2014

To:

M M	/	D D	/	Y Y Y Y
11	/	24	/	2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	74825.00	806555.48
(ii) Unitemized .....	77621.70	1176982.82
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	152446.70	1983538.30
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... ►	152446.70	1983538.30
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	15000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	152446.70	1998538.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... ►	152446.70	1998538.30

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	222810.37	1766249.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	222810.37	1766249.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	72537.98	447565.30
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	295348.35	2213814.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	295348.35	2213814.70

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	152446.70	1983538.30
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	152446.70	1983538.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	222810.37	1766249.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	15000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	222810.37	1751249.40

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. DR JAMES A ALBRIGHT M D**

Mailing Address 51 BROOKSIDE BLVD

City	State	Zip Code
WEST HARTFORD	CT	06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	30	/	2014

Transaction ID : SA11AI.62071

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MR MERVIN E ALEXANDER**

Mailing Address 3409 ZUNI ST

City	State	Zip Code
DENVER	CO	80211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	20	/	2014

Transaction ID : SA11AI.62931

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. MR MERVIN E ALEXANDER**

Mailing Address 3409 ZUNI ST

City	State	Zip Code
DENVER	CO	80211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	20	/	2014

Transaction ID : SA11AI.62930

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

125.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. PATTY ALEXANDER**

Mailing Address 5407 29TH ST

City

LUBBOCK

State

TX

Zip Code

79407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

313.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2014

Transaction ID : SA11AI.65153

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. MS MARIA J ANCONA**

Mailing Address 28039 RESERVOIR AVE

City

NUEVO

State

CA

Zip Code

92567

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.63771

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. MR JAMES ANDERS**

Mailing Address 2138 E ORANGETHORPE AVE

City

FULLERTON

State

CA

Zip Code

92831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JVA AIR

Occupation

OWNER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.65425

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

290.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS DOROTHY J ANNAS**

Mailing Address 2201 CITATION DR

City  
DEL VALLE

State Zip Code  
TX 78617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.65126

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MRS DOROTHY J ANNAS**

Mailing Address 2201 CITATION DR

City  
DEL VALLE

State Zip Code  
TX 78617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

Transaction ID : SA11AI.65125

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR JON H APPLEBY**

Mailing Address 6903 WILLOWTREE DR

City  
RANCHO PALOS VERDES

State Zip Code  
CA 90275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.62749

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR EDWARD E AREBALO**

Mailing Address 10989 JEFFREY CT

City

SAN DIEGO

State

CA

Zip Code

92126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 23 / 2014

Transaction ID : SA11AI.64600

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR HUGH ATKINS**

Mailing Address 4487 SW REIF RD

City

POWELL BUTTE

State

OR

Zip Code

97753

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ATKINS & CO.

Occupation

REALTOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 20 / 2014

Transaction ID : SA11AI.64507

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MRS BONNIE AULD**

Mailing Address 4019 CALLE SONORA ESTE UNIT B

City

LAGUNA WOODS

State

CA

Zip Code

92637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 17 / 2014

Transaction ID : SA11AI.63321

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

235.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 265

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR DANIEL BACH**

Mailing Address 4149 LANGE RD

City  
SEBEWAING

State Zip Code  
MI 48759

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.65148

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. MR FRED BACOT**

Mailing Address 3101 EMOGENE ST

City  
MOBILE

State Zip Code  
AL 36606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.61778

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**C. MRS DONNA BAKER**

Mailing Address 10110 ROSEMONT CT

City  
FORT MYERS

State Zip Code  
FL 33908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.64844

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

195.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 265

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR JIMMY BALLARD**

Mailing Address 2125 W HARBORLIGHT CT

City  
WICHITA

State Zip Code  
KS 67204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.64918

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. CAPT MICHAEL D BALSER**

Mailing Address 12417 POSSESSION LN

City  
EDMONDS

State Zip Code  
WA 98026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.63030

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. DE ETTE ETTE BARNER**

Mailing Address 718 LA PORTADA ST

City  
SOUTH PASADENA

State Zip Code  
CA 91030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.62659

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

520.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 265

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR RAY R BARRETT JR**

Mailing Address HC 34 BOX 3

City

MIDKIFF

State

TX

Zip Code

79755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER RANCHER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : SA11AI.63366

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MR WILLIAM BAUMAN**

Mailing Address 1086 ADAMS RD

City

WINCHESTER

State

VA

Zip Code

22603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : SA11AI.63567

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MR WILLIAM BAUMAN**

Mailing Address 1086 ADAMS RD

City

WINCHESTER

State

VA

Zip Code

22603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 05 / 2014

Transaction ID : SA11AI.63566

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

600.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS RITA BECKMAN**

Mailing Address PO BOX 167

City  
HOXIEState  
KSZip Code  
67740FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2014

Transaction ID : SA11AI.64029

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MRS RITA BECKMAN**

Mailing Address PO BOX 167

City  
HOXIEState  
KSZip Code  
67740FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2014

Transaction ID : SA11AI.64030

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR PAUL BEHRENS**

Mailing Address 4895 REGINA LN

City  
BEAUMONTState  
TXZip Code  
77706FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2014

Transaction ID : SA11AI.62670

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

235.00

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR PAUL BEHRENS**

Mailing Address 4895 REGINA LN

City  
BEAUMONT

State Zip Code  
TX 77706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2014

Transaction ID : SA11AI.62671

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MR RICHARD BENNETT**

Mailing Address 1694 E HAYDEN AVE

City  
HAYDEN

State Zip Code  
ID 83835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

Transaction ID : SA11AI.62836

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR HENRY BERCUTT**

Mailing Address 266 SUGARBERRY CIR

City  
HOUSTON

State Zip Code  
TX 77024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.64961

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

235.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. DOWLTON M BERRY**

Mailing Address 2372 SUNSET CURV

City  
UPLAND

State Zip Code  
CA 91784

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.63643

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. DOWLTON M BERRY**

Mailing Address 2372 SUNSET CURV

City  
UPLAND

State Zip Code  
CA 91784

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : SA11AI.63642

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MR THILO BEST**

Mailing Address 1220 SUNSET DR

City  
SIGNAL MOUNTAIN

State Zip Code  
TN 37377

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.61781

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR THILO BEST**

Mailing Address 1220 SUNSET DR

City State Zip Code  
 SIGNAL MOUNTAIN TN 37377

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 30 2014

Transaction ID : SA11AI.61780

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. DR WALTER BEW JR**

Mailing Address 2009 SHORE ROAD

City State Zip Code  
 LINDWOOD NJ 08221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 16 2014

Transaction ID : SA11AI.65086

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. DR WALTER BEW JR**

Mailing Address 2009 SHORE ROAD

City State Zip Code  
 LINDWOOD NJ 08221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 24 2014

Transaction ID : SA11AI.65085

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

165.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS LITA ZABALA BIEJO**

Mailing Address 9555 W LOS ANGELES AVE

City State Zip Code  
 MOORPARK CA 93021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 04 / 2014

Transaction ID : SA11AI.62389

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MRS JOAN BINMORE**

Mailing Address 3546 BELLE VISTA DR E

City State Zip Code  
 ST PETE BEACH FL 33706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 17 / 2014

Transaction ID : SA11AI.64946

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR JOHN BLAKE**

Mailing Address 833 RIDGEMARK DR

City State Zip Code  
 HOLLISTER CA 95023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : SA11AI.62455

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT E BLEDSOE**

Mailing Address S5240 DAMAR PRIVATE DR

City

EAU CLAIRE

State

WI

Zip Code

54701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.64816

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR ROBERT E BLEDSOE**

Mailing Address S5240 DAMAR PRIVATE DR

City

EAU CLAIRE

State

WI

Zip Code

54701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.64815

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR ROBERT E BLEDSOE**

Mailing Address S5240 DAMAR PRIVATE DR

City

EAU CLAIRE

State

WI

Zip Code

54701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.64817

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

320.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT BOOR**

Mailing Address 425 LAYTON TER

City

THE VILLAGES

State

FL

Zip Code

32162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.64565

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. NANCY J BOURKE**

Mailing Address 1461 SURREY HTS

City

FALLBROOK

State

CA

Zip Code

92028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.63458

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

**C. MR CHARLES A BOYDEN**

Mailing Address 846 NE OCHOCO AVE

City

PRINEVILLE

State

OR

Zip Code

97754

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.62802

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

185.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR CHARLES A BOYDEN**

Mailing Address 846 NE OCHOCO AVE

City State Zip Code  
 PRINEVILLE OR 97754

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 03 2014

Transaction ID : SA11AI.62800

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MR CHARLES W BOYLE**

Mailing Address 4710 SCOTT ST

City State Zip Code  
 TORRANCE CA 90503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 20 2014

Transaction ID : SA11AI.62276

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MR CHARLES W BOYLE**

Mailing Address 4710 SCOTT ST

City State Zip Code  
 TORRANCE CA 90503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 23 2014

Transaction ID : SA11AI.62277

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

65.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR WILLIAM BRISTOR JR**

Mailing Address 3621 BLUE HILL CT

City

ELLCOTT CITY

State

MD

Zip Code

21042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.61581

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR RONALD E BROTHERS**

Mailing Address 1700 DALTON RD

City

PALOS VERDES PENINSULA

State

CA

Zip Code

90274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.63176

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MS BEVERLY BROWN**

Mailing Address 169 PLEASANT RIDGE RD

City

CHARLOTTESVILLE

State

VA

Zip Code

22911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.61609

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

330.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. MR NORVAL BROWN**

Mailing Address 8616 FIRESTONE CIR

City  
CLERMONT

State Zip Code  
FL 34711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.64879

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

## **B. THERESA BROWN**

Mailing Address 19350 GALLOPING HILL RD

City  
APPLE VALLEY

State Zip Code  
CA 92308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

Transaction ID : SA11AI.64887

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MS MARTHA BROWNEE**

Mailing Address 6020 W METZ HWY

City  
HAWKS

State Zip Code  
MI 49743

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.62727

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

290.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 265

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS ELIZABETH E BRUNETTE**

Mailing Address 911 N BRYS DR

City State Zip Code  
 GROSSE POINTE MI 48236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 16 2014

Transaction ID : SA11AI.64115

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MS ELIZABETH E BRUNETTE**

Mailing Address 911 N BRYS DR

City State Zip Code  
 GROSSE POINTE MI 48236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 23 2014

Transaction ID : SA11AI.64114

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. MS ELIZABETH E BRUNETTE**

Mailing Address 911 N BRYS DR

City State Zip Code  
 GROSSE POINTE MI 48236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 27 2014

Transaction ID : SA11AI.64113

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 24 OF 265  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR WILLIAM BRYCE**

Mailing Address PO BOX 1481

City

BANDERA

State

TX

Zip Code

78003

FEC ID number of contributing federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

383.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		30		2014

Transaction ID : SA11AI.64835

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MS ELIZABETH BRYDEN**

Mailing Address 1 W 67TH ST APT 611

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2014

Transaction ID : SA11AI.61467

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

**C. MISS ELIZABETH A BULEY**

Mailing Address 115 BERLIN ST

City

MONTPELIER

State

VT

Zip Code

05602

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		20		2014

Transaction ID : SA11AI.61416

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

185.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR GEORGE C BULLOCK**

Mailing Address 138 PROGRESS DR

City

DOYLESTOWN

State

PA

Zip Code

18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.63358

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR GEORGE C BULLOCK**

Mailing Address 138 PROGRESS DR

City

DOYLESTOWN

State

PA

Zip Code

18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : SA11AI.63359

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. SARA BURKE**

Mailing Address 120 KING RICHARD DR

City

GRIFFIN

State

GA

Zip Code

30223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2014

Transaction ID : SA11AI.64392

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT W BURKS**

Mailing Address 13 BIRCH HILL DR

City  
CHATHAM

State Zip Code  
NJ 07928

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

Transaction ID : SA11AI.62809

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR KENNETH BURNETT**

Mailing Address 550 OLD WAGON RD

City  
SEYMOUR

State Zip Code  
TN 37865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.61790

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS HELEN BURROWS**

Mailing Address 8800 WALTHER BLVD APT 1102

City  
PARKVILLE

State Zip Code  
MD 21234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.61587

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

180.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 265

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. CHARLES BURT**

Mailing Address 85041 CREEK DR

City State Zip Code  
NAPERVILLE IL 60540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
C T BURT SALES INC

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

Transaction ID : SA11AI.63274

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. MRS BETTY C BUSBIN**

Mailing Address 1065 DALLAS HWY

City State Zip Code  
DOUGLASVILLE GA 30134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.64158

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

## **C. MR STEPHEN BUSCHARDT**

Mailing Address 23616 N 80TH WAY

City State Zip Code  
SCOTTSDALE AZ 85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.64830

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

140.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 265  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR SIDNEY T BUSH**

Mailing Address 12431 FIFTH AVE

City State Zip Code  
VICTORVILLE CA 92395

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.62362

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. MR PETER CALLAHAN**

Mailing Address 6428 E HIGHTREE LN

City State Zip Code  
ORANGE CA 92867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CALLAHAN MCCUNE

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.62386

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. MR CRAIG CAMPBELL**

Mailing Address 1361 ROCKY POINT DR

City State Zip Code  
OCEANSIDE CA 92056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DEGU

Occupation

RE SALES & MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.62334

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

585.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS CYNTHIA L CARDENAS**

Mailing Address 2126 S MONTEZUMA AVE

City State Zip Code  
TUCSON AZ 85711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

Transaction ID : SA11AI.64604

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MRS CYNTHIA L CARDENAS**

Mailing Address 2126 S MONTEZUMA AVE

City State Zip Code  
TUCSON AZ 85711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.64605

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. CAROL CARTER**

Mailing Address 631 LOMITA AVE

City State Zip Code  
MILLBRAE CA 94030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.64421

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

105.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 265

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. DICEY S CHILDERS**

Mailing Address 8517 JOY RD

City State Zip Code  
 BLOUNTSVILLE AL 35031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE ALBASTER BOX

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 03 / 2014

Transaction ID : SA11AI.63885

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. MRS JOAN K CHITIEA**

Mailing Address 1980 SILVERLEAF CIR UNIT M207

City State Zip Code  
 CARLSBAD CA 92009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 21 / 2014

Transaction ID : SA11AI.62569

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR WALTER CLAIBORNE III**

Mailing Address 14217 CLAIBORNE RD

City State Zip Code  
 BATCHELOR LA 70715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : SA11AI.64121

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

240.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR WALTER CLAIBORNE III**

Mailing Address 14217 CLAIBORNE RD

City

BATCHELOR

State

LA

Zip Code

70715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.64122

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. THOMAS E CLAIR**

Mailing Address 302 CROSS CREEK CT

City

PITTSBURGH

State

PA

Zip Code

15237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 05 / 2014

Transaction ID : SA11AI.64757

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. MRS MARGARET L CLARY**

Mailing Address PO BOX 11

City

STONEWALL

State

NC

Zip Code

28583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

871.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : SA11AI.62610

Amount of Each Receipt this Period

107.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

607.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 265

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. HARROLL CLEMMER**

Mailing Address 5812 PECAN VALLEY LN

City State Zip Code  
 SAN ANGELO TX 76904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 30 / 2014

Transaction ID : SA11AI.62120

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. MR JAMES CLUER**

Mailing Address 607 MAPLE ST

City State Zip Code  
 GOODING ID 83330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : SA11AI.63370

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

## **C. MRS ELEANOR COBB**

Mailing Address 131 S VISTA ST

City State Zip Code  
 LOS ANGELES CA 90036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 21 / 2014

Transaction ID : SA11AI.62263

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

425.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. MRS GENE COMER**

Mailing Address 879 FM 220

City State Zip Code  
 ALTO TX 75925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 23 / 2014

Transaction ID : SA11AI.62109

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. MRS MARIAN COMSTOCK**

Mailing Address 188 KNOX ST

City State Zip Code  
 MILLINOCKET ME 04462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : SA11AI.61412

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MR ROLAND B COPE**

Mailing Address 420 15TH ST

City State Zip Code  
 NEW CUMBERLAND PA 17070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 27 / 2014

Transaction ID : SA11AI.62650

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

180.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS MARY COSTA**

Mailing Address 47 THAYER AVE

City  
WEYMOUTH

State Zip Code  
MA 02188

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2014

Transaction ID : SA11AI.63981

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MISS RUTH CRAMBLIT**

Mailing Address 8160 CHURN CREEK RD

City  
REDDING

State Zip Code  
CA 96002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.62486

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR PHIL CRAMER**

Mailing Address 26056 BERAULT CT

City  
VALENCIA

State Zip Code  
CA 91355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.62303

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS BETTY R CRAWFORD**

Mailing Address 601 ASPEN TRL

City State Zip Code  
MUSCATINE IA 52761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.62584

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. DR ROBERT CROZIER**

Mailing Address 19810 ALLISONVILLE RD

City State Zip Code  
NOBLESVILLE IN 46060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.64904

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. DR DORRIS CUNNINGHAM**

Mailing Address 19107 AMELIA DR

City State Zip Code  
ABINGDON VA 24211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.64681

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS JEANETTE R CURETON**

Mailing Address 3517 RHODA LN

City State Zip Code  
CHATTANOOGA TN 37416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.63085

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. MRS JEANETTE R CURETON**

Mailing Address 3517 RHODA LN

City State Zip Code  
CHATTANOOGA TN 37416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.63084

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. ROGER CURRIE**

Mailing Address 50997 840 RD

City State Zip Code  
ELGIN NE 68636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.62818

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

130.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR ANTONE CUSTODIO**

Mailing Address 21 SACHEM ST

City  
FALL RIVER

State Zip Code  
MA 02724

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

Transaction ID : SA11AI.65278

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. MR MARTIN R CZACHOR SR**

Mailing Address 1671 E BOOT RD

City  
WEST CHESTER

State Zip Code  
PA 19380

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.63641

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MS HELEN J DAHLBY**

Mailing Address 2967 WOODLAND RD

City  
LOS ALAMOS

State Zip Code  
NM 87544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.62245

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

215.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS MAXINE DALTON**

Mailing Address 220 W SUNSET DR

City State Zip Code  
 SUPERIOR AZ 85173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 24 2014

Transaction ID : SA11AI.62217

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MS GRACE DAVIES**

Mailing Address 1504 PUTTY HILL AVE

City State Zip Code  
 BALTIMORE MD 21286

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 20 2014

Transaction ID : SA11AI.64627

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

**C. MS SHARON DAVILA**

Mailing Address 2311 WAYSIDE DR

City State Zip Code  
 BRYAN TX 77802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST JOSEPH REGIONAL HOSPIT

Occupation

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 21 2014

Transaction ID : SA11AI.62620

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

255.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

A. MR PHILIP DAVIS

Mailing Address 713 TRILLIUM CIR

City

MARYVILLE

State

TN

Zip Code

37804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

267.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : SA11AI.61789

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR PHILIP DAVIS

Mailing Address 713 TRILLIUM CIR

City

MARYVILLE

State

TN

Zip Code

37804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 30 / 2014

Transaction ID : SA11AI.61788

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR ROBERT DAVIS

Mailing Address 6520 LAGUNITAS AVE

City

EL CERRITO

State

CA

Zip Code

94530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 03 / 2014

Transaction ID : SA11AI.62436

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR RALPH V DAWIS**

Mailing Address 355 BARD AVE

City

STATEN ISLAND

State

NY

Zip Code

10310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RICHMOND CHARITY

Occupation

CHAPLAIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1726.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SA11AI.63659

Amount of Each Receipt this Period

338.00

Full Name (Last, First, Middle Initial)

**B. MR BRAD W DAY**

Mailing Address 16 HEMLOCK TRL

City

TRUMBULL

State

CT

Zip Code

06611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.61427

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MRS HELEN R DECKER**

Mailing Address PO BOX 170009

City

ARLINGTON

State

TX

Zip Code

76003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

602.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.63628

Amount of Each Receipt this Period

201.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

789.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS THELMA DELANEY**

Mailing Address 24 HOLLOW RD

City  
TELFORD

State Zip Code  
PA 18969

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.65156

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR JOHN DEMPSEY**

Mailing Address 77 E 13TH ST

City  
ARCATA

State Zip Code  
CA 95521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.62651

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MR NELSON C DENISON**

Mailing Address 2814 BIRDSEYE LN

City  
BOWIE

State Zip Code  
MD 20715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.64239

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

205.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. MS ROSEMARY DEVITO**

Mailing Address 3226 HOLLY RDG

City State Zip Code  
 BALDWINVILLE NY 13027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2014

Transaction ID : SA11AI.62753

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. PAUL J DIETZ**

Mailing Address 8538 LAKE RD

City State Zip Code  
 HICKSVILLE OH 43526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2014

Transaction ID : SA11AI.64072

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

## **C. MR PAUL DINOFRIO**

Mailing Address 7708 BRIAR LN

City State Zip Code  
 BELLAIRE MI 49615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 03 2014

Transaction ID : SA11AI.62887

Amount of Each Receipt this Period

260.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

380.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. GLADYS DOANE**

Mailing Address 3 BROADVIEW

City State Zip Code  
KIRKSVILLE MO 63501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.63849

Amount of Each Receipt this Period

900.00

Full Name (Last, First, Middle Initial)

**B. EDDY J DOERSCHLEN**

Mailing Address 11602 PINEHURST CIR

City State Zip Code  
DEXTER MO 63841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.64065

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR JAMES DOIG**

Mailing Address 808 NE 102ND AVE

City State Zip Code  
PORTLAND OR 97220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.62599

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS ELIZABETH R DONNELLY**

Mailing Address 6 CLEARVIEW DR

City

PHELPS

State

NY

Zip Code

14532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.64983

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. MRS OLEVA DORMAN**

Mailing Address 4571 PARK PAXTON PL

City

SAN JOSE

State

CA

Zip Code

95136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

Transaction ID : SA11AI.62750

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**C. MRS RUTH DORNACK**

Mailing Address 300 3RD AVE SE

City

PLAINVIEW

State

MN

Zip Code

55964

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.64682

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR WILLIAM DOWNER**

Mailing Address 301 SIDNEY ST

City

SYRACUSE

State

NY

Zip Code

13219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.64794

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. MR WILLIAM DOWNER**

Mailing Address 301 SIDNEY ST

City

SYRACUSE

State

NY

Zip Code

13219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.64795

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. MRS LOUISE C DOWNS**

Mailing Address 20 BLUEBERRY LN APT L342

City

FALMOUTH

State

ME

Zip Code

04105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.61411

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

160.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS MARTHA L DOWNS**

Mailing Address 8560 JESTER CT

City State Zip Code  
 ELK GROVE CA 95624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 21 / 2014

Transaction ID : SA11AI.64489

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. MRS MARTHA L DOWNS**

Mailing Address 8560 JESTER CT

City State Zip Code  
 ELK GROVE CA 95624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 30 / 2014

Transaction ID : SA11AI.64490

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MS ELINOR K DRIVER**

Mailing Address 2303 N LEXINGTON DR

City State Zip Code  
 JANESVILLE WI 53545

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 30 / 2014

Transaction ID : SA11AI.63240

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. LEONA DROPPA**

Mailing Address 6921 SW 108TH ST

City State Zip Code  
 Ocala FL 34476

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 28 / 2014

Transaction ID : SA11AI.64102

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. CARL H DUBAC**

Mailing Address PO BOX 285  
 21751 NEWTOWNE NECK RD

City State Zip Code  
 COMPTON MD 20627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DCS CORPORATION

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 21 / 2014

Transaction ID : SA11AI.61574

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MR ALLEN DUCHESNEAU**

Mailing Address 307 TREE HAVEN BLVD

City State Zip Code  
 HENDERSONVILLE NC 28791

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : SA11AI.64531

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR HENRY T DUNBAR**

Mailing Address 2412 LEE ST

City State Zip Code  
 ANCHORAGE AK 99504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 24 / 2014

Transaction ID : SA11AI.63526

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR. HUGH R DUNLAP JR**

Mailing Address 989 SHOOTING BOX RD

City State Zip Code  
 KING WILLIAM VA 23086

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : SA11AI.61611

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR MICHAEL DYCKMAN**

Mailing Address 4 MAJESTIC CT

City State Zip Code  
 DIX HILLS NY 11746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 27 / 2014

Transaction ID : SA11AI.63756

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS ROSE EDWARDS**

Mailing Address 2068 S BROADWAY AVE

City State Zip Code  
SPRINGFIELD MO 65807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.63217

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MRS ROSE EDWARDS**

Mailing Address 2068 S BROADWAY AVE

City State Zip Code  
SPRINGFIELD MO 65807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.63218

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MRS E MARDELL ENDRESEN**

Mailing Address 57 TENNIS CLUB DR

City State Zip Code  
RANCHO MIRAGE CA 92270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.63820

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS L. LOUISE ENSLEY**

Mailing Address 1328 PREAKNESS PL

City  
DAYTON

State Zip Code  
OH 45459

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NOT EMPLOYED

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : SA11AI.63148

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR RONALD FEIGLES**

Mailing Address PO BOX 2019

City  
DOYLESTOWN

State Zip Code  
PA 18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STOKES MAS INC

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.61558

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. BILLIE A FENDER III**

Mailing Address 10676 US HIGHWAY 129

City  
LIVE OAK

State Zip Code  
FL 32060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

Transaction ID : SA11AI.65357

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. BILLIE A FENDER III**

Mailing Address 10676 US HIGHWAY 129

City  
LIVE OAK

State Zip Code  
FL 32060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.65356

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS LORRAINE FINCH**

Mailing Address 701 N MONTGOMERY ST

City  
OJAI

State Zip Code  
CA 93023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2014

Transaction ID : SA11AI.64867

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MRS LORRAINE FINCH**

Mailing Address 701 N MONTGOMERY ST

City  
OJAI

State Zip Code  
CA 93023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2014

Transaction ID : SA11AI.64868

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

95.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR ROGER L FISHER**

Mailing Address 2006 TILBURY RD

City  
WATERLOO

State Zip Code  
IA 50701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SA11AI.64511

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MR REX J FLANSBURG**

Mailing Address PO BOX 266

City  
CLINTON

State Zip Code  
MT 59825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.63810

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR WILLIAM H FOLLMER**

Mailing Address 99-1647 AIEA HEIGHTS DR

City  
AIEA

State Zip Code  
HI 96701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.64269

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. MRS INGA FORLINE**

Mailing Address 6095 ROCKRIDGE BLVD

City State Zip Code  
 OAKLAND CA 94618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : SA11AI.62448**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

## **B. MR NORMAN L FOX**

Mailing Address 572 RIO GRANDE DR

City State Zip Code  
 BERNALILLO NM 87004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.63204**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **C. MR NORMAN L FOX**

Mailing Address 572 RIO GRANDE DR

City State Zip Code  
 BERNALILLO NM 87004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11AI.63203**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS CAROL R FREEMAN**

Mailing Address 835 ARLENE DR

City  
DELTONA

State Zip Code  
FL 32725

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.64205

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR LARRY FREEMAN**

Mailing Address PO BOX 19820

City  
RENO

State Zip Code  
NV 89511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ENTREPRENEUR

Occupation

ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.64068

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR WINSTON FRENZEL**

Mailing Address 41505 CARLOTTA DR APT 620

City  
PALM DESERT

State Zip Code  
CA 92211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2014

Transaction ID : SA11AI.64073

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

190.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR EDWARD D FRICK**

Mailing Address 2216 WALLACE ST

City

STROUDSBURG

State

PA

Zip Code

18360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SA11AI.62994

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MR EDWARD D FRICK**

Mailing Address 2216 WALLACE ST

City

STROUDSBURG

State

PA

Zip Code

18360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.62993

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. DR MICHAEL J FUGLE**

Mailing Address 4815 SHELDON RD

City

ROCHESTER

State

MI

Zip Code

48306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.63603

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT S FULLER**

Mailing Address 322 N 2ND ST APT 608

City

HARRISBURG

State

PA

Zip Code

17101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : SA11AI.62939

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. MRS EVANGELINE FUSSCAS**

Mailing Address 249 LINDEN ST

City

MANCHESTER

State

NH

Zip Code

03104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : SA11AI.61403

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MRS EVANGELINE FUSSCAS**

Mailing Address 249 LINDEN ST

City

MANCHESTER

State

NH

Zip Code

03104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 22 / 2014

Transaction ID : SA11AI.61404

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

430.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR MICHAEL A GALLUCCI**

Mailing Address 2567 WESTRIDGE RD

City State Zip Code  
LOS ANGELES CA 90049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.62264

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR RUPERT D GAMBLE**

Mailing Address 1600 W CHERRY ST

City State Zip Code  
PORTALES NM 88130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

Transaction ID : SA11AI.65026

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MRS BETTY GARDNER**

Mailing Address 1572 GOODIN HOLLOW RD

City State Zip Code  
NOEL MO 64854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

868.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.63894

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

165.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MARY GARRETT**

Mailing Address 202 S BEACH RD

City State Zip Code  
 HOBE SOUND FL 33455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : SA11AI.64086

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MARY GARRETT**

Mailing Address 202 S BEACH RD

City State Zip Code  
 HOBE SOUND FL 33455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 24 / 2014

Transaction ID : SA11AI.64087

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MR FRANCIS H GARRISON**

Mailing Address PO BOX 142

City State Zip Code  
 BRUNING NE 68322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 21 / 2014

Transaction ID : SA11AI.63437

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

390.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR JOHN GASSER**

Mailing Address 5595 LAWTON AVE

City State Zip Code  
OAKLAND CA 94618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADOLPH GASSER INC

Occupation  
PRESIDENT ADOLPH GASSER I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

488.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.64448

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR CARL G GAUSEWITZ**

Mailing Address 2483 WESTBROOK ST SE

City State Zip Code  
MAGNOLIA OH 44643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PROPERTY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1115.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

Transaction ID : SA11AI.63397

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. MR CARL G GAUSEWITZ**

Mailing Address 2483 WESTBROOK ST SE

City State Zip Code  
MAGNOLIA OH 44643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PROPERTY MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.63396

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER: PAGE 60 OF 265  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS VIRGINIA L GAYLORD**

Mailing Address 430 N VINEDO AVE

City	State	Zip Code
PASADENA	CA	91107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2014

Transaction ID : SA11AI.64177

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MR IRWIN GEBHARDT**

Mailing Address 4328 ARTHUR SHIPLEY RD

City	State	Zip Code
WESTMINSTER	MD	21157

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2014

Transaction ID : SA11AI.61580

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. ROBERT A GEHRING**

Mailing Address 183 SUNSET VIEW DR

City	State	Zip Code
DOYLESTOWN	PA	18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2014

Transaction ID : SA11AI.61352

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

335.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. RADM HARRY GERHARD JR**

Mailing Address 304 CARRIAGE DR

City

FREEDOM

State

PA

Zip Code

15042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

551.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.61528

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR ROBERT GERHARD**

Mailing Address 331 WINDING WAY

City

GLENSIDE

State

PA

Zip Code

19038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.61563

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR GABRIEL GERTNER**

Mailing Address 22748 HIGHWAY 138

City

STERLING

State

CO

Zip Code

80751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.62179

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR GABRIEL GERTNER**

Mailing Address 22748 HIGHWAY 138

City State Zip Code  
 STERLING CO 80751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 28 / 2014

Transaction ID : SA11AI.62180

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MR FRED A GILBERT**

Mailing Address 8508 TYSONS CT

City State Zip Code  
 VIENNA VA 22182

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 27 / 2014

Transaction ID : SA11AI.61598

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MR JOSEPH E GLEASON**

Mailing Address 8340 GREENRIDGE RD

City State Zip Code  
 NORTH CHARLESTON SC 29406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : SA11AI.62776

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

370.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT GOELZ**

Mailing Address 1052 BEL AIRE CT

City  
GREEN BAY

State Zip Code  
WI 54304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.62910

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. RICHARD GOOD**

Mailing Address 7802 MULBERRY LN

City  
NAPLES

State Zip Code  
FL 34114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.65165

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. EUNICE GOODAN**

Mailing Address 2550 ABERDEEN AVE

City  
LOS ANGELES

State Zip Code  
CA 90027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

Transaction ID : SA11AI.63431

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR CHARLES F GRAUSTEIN**

Mailing Address 5027 SANDHILL CRANE

City

SAN ANTONIO

State

TX

Zip Code

78253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.64057

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MR JOHN S GRAY**

Mailing Address 1724 W HOMEWOOD AVE

City

SPRINGFIELD

State

IL

Zip Code

62704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAPITAL AREA CANCER CENTER

Occupation

CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.63887

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MITZI KAROLYN GREEN**

Mailing Address 711 N 20TH ST

City

LAMESA

State

TX

Zip Code

79331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.63678

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

475.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR WAYNE GREEN**

Mailing Address 65100 STATE HIGHWAY 30

City State Zip Code  
 BUTTERFIELD MN 56120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2014

Transaction ID : SA11AI.61947

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. MR ELMER GREENLEAF**

Mailing Address 3122 GRACEFIELD RD APT 503

City State Zip Code  
 SILVER SPRING MD 20904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 29 2014

Transaction ID : SA11AI.63712

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. LEROY GREGO**

Mailing Address 2420 DOUGLAS AVE

City State Zip Code  
 IRVING TX 75062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 30 2014

Transaction ID : SA11AI.64233

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR RICHARD GRIFFIN**

Mailing Address PO BOX 91610

City  
LAFAYETTE

State Zip Code  
LA 70509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.65233

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MS DOTTY GRIFFITHS**

Mailing Address 5336 N LONG RIFLE RD

City  
PRESCOTT VALLEY

State Zip Code  
AZ 86314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.64714

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. OTIS D GRUBBS**

Mailing Address 315 PINEY LN

City  
MORRO BAY

State Zip Code  
CA 93442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.64376

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

330.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR JOHN GULLEY**

Mailing Address 304 BELLFIELD RD

City State Zip Code  
KNOXVILLE TN 37934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.62786

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. ALMA HALL**

Mailing Address 1180 DAVID GILES LN

City State Zip Code  
BLAIRS VA 24527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.65217

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**C. ALMA HALL**

Mailing Address 1180 DAVID GILES LN

City State Zip Code  
BLAIRS VA 24527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.65216

Amount of Each Receipt this Period

1800.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

3100.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. MS MILDRED L HALL**

Mailing Address 7255 E BROADWAY RD APT 294

City State Zip Code  
MESA AZ 85208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2014

Transaction ID : SA11AI.63340

Amount of Each Receipt this Period

76.00

Full Name (Last, First, Middle Initial)

## **B. MS MILDRED L HALL**

Mailing Address 7255 E BROADWAY RD APT 294

City State Zip Code  
MESA AZ 85208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 12 / 2014

Transaction ID : SA11AI.64267

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

## **C. MR ROBERT E HALL**

Mailing Address 9221 WADSWORTH PKWY

City State Zip Code  
BROOMFIELD CO 80021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.63856

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

251.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT K HANING**

Mailing Address 5675 PONDEROSA DR #315

City State Zip Code  
 COLUMBUS OH 43231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 20 2014

Transaction ID : SA11AI.64690

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MR STANLEY HARRIS**

Mailing Address 4982 SENTINEL DR APT 406

City State Zip Code  
 BETHESDA MD 20816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 20 2014

Transaction ID : SA11AI.61575

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. ANITA A HARTMANN**

Mailing Address 20 DEER CT DR

City State Zip Code  
 MIDDLETOWN NY 10940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF ALASKA FAIRBANKS

Occupation

ACADEMIC ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 21 2014

Transaction ID : SA11AI.65105

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1045.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. ANITA A HARTMANN**

Mailing Address 20 DEER CT DR

City	State	Zip Code
MIDDLETOWN	NY	10940

FEC ID number of contributing federal political committee.

C

Name of Employer

UNIVERSITY OF ALASKA FAIRBANKS

Occupation

ACADEMIC ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

Transaction ID : SA11AI.65106

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MRS ELIZABETH R HASKINS**

Mailing Address 150 FOREST HILL VW

City	State	Zip Code
LEXINGTON	VA	24450

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2014

Transaction ID : SA11AI.61635

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

**C. MRS ELIZABETH R HASKINS**

Mailing Address 150 FOREST HILL VW

City	State	Zip Code
LEXINGTON	VA	24450

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

448.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11AI.61634

Amount of Each Receipt this Period

38.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR G. J HASSLOCHER**

Mailing Address 8520 CROWNHILL BLVD

City

SAN ANTONIO

State

TX

Zip Code

78209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RESTAURATEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.64022

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR G. J HASSLOCHER**

Mailing Address 8520 CROWNHILL BLVD

City

SAN ANTONIO

State

TX

Zip Code

78209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RESTAURATEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.64021

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MS HELEN J HAUSER**

Mailing Address 7 MEAD TER

City

GLEN RIDGE

State

NJ

Zip Code

07028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.65228

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS MARSHA M HAYES**

Mailing Address 276 CEDAR AVE

City

CHULA VISTA

State

CA

Zip Code

91910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

HAIRSTYLIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

Transaction ID : SA11AI.64775

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. LINDA HEATH**

Mailing Address 3322 SW REGATTA DR

City

LEES SUMMIT

State

MO

Zip Code

64082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

Transaction ID : SA11AI.65539

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. FRANCIS HECK**

Mailing Address 1213 E SHERIDAN ST

City

LARAMIE

State

WY

Zip Code

82070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.62189

Amount of Each Receipt this Period

24.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

159.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR JOHN HEDLUND**

Mailing Address PO BOX 245

City  
GLENOMA

State Zip Code  
WA 98336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.64571

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. MS AUDREY HEISER**

Mailing Address 2600 CROASDAILE FARM PKWY APT A172

City  
DURHAM

State Zip Code  
NC 27705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : SA11AI.61643

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR DEAN HENKE**

Mailing Address 5239 PAWNEE ST

City  
LINCOLN

State Zip Code  
NE 68506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED STATES POSTAL SERVICE

Occupation

CITY CARRIER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.65474

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. ORIN HERMANSON**

Mailing Address 311 WASHBURN AVE APT 303

City State Zip Code  
PAYNESVILLE MN 56362

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.64845

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. ORIN HERMANSON**

Mailing Address 311 WASHBURN AVE APT 303

City State Zip Code  
PAYNESVILLE MN 56362

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.61949

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. MS MILAGROS HERNANDEZ**

Mailing Address 2315 GROESBECK AVE

City State Zip Code  
LANSING MI 48912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.63427

Amount of Each Receipt this Period

53.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

83.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR PAUL HICKERT**

Mailing Address 13008 W SAN MIGUEL AVE

City State Zip Code  
 LITCHFIELD PARK AZ 85340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

Transaction ID : SA11AI.63430

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. HERBERT HICKMAN**

Mailing Address 830 BIG VALLEY DR

City State Zip Code  
 COLORADO SPRINGS CO 80919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

Transaction ID : SA11AI.63891

Amount of Each Receipt this Period

73.00

Full Name (Last, First, Middle Initial)

**C. MARGARET ANNE HICKS**

Mailing Address 711 COPPERHEAD CIRCLE

City State Zip Code  
 SAINT AUGUSTINE FL 32092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2014

Transaction ID : SA11AI.61330

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

273.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. LAWRENCE HILL**

Mailing Address 5854 ABERNATHY RD

City	State	Zip Code
HILLSBORO	OH	45133

FEC ID number of contributing federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 27 / 2014

Transaction ID : SA11AI.64204

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. CAPT TATNALL HILLMAN**

Mailing Address 504 W BLEEKER ST

City	State	Zip Code
ASPEN	CO	81611

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

53500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 28 / 2014

Transaction ID : SA11AI.65602

Amount of Each Receipt this Period

6000.00

Full Name (Last, First, Middle Initial)

**C. RUSS HOBBS**

Mailing Address 8904 69TH STREET CT SW

City	State	Zip Code
LAKEWOOD	WA	98498

FEC ID number of contributing federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 23 / 2014

Transaction ID : SA11AI.63527

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6095.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS LOIS HODGSON**

Mailing Address 5035 APPLECROSS RD

City State Zip Code  
BIRMINGHAM AL 35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

578.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.63301

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MS LOIS HODGSON**

Mailing Address 5035 APPLECROSS RD

City State Zip Code  
BIRMINGHAM AL 35242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

601.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.63302

Amount of Each Receipt this Period

23.00

Full Name (Last, First, Middle Initial)

**C. MR ROSS J HOFFER**

Mailing Address S87 W22305 JANESVILLE RD

City State Zip Code  
BIG BEND WI 53103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 18 / 2014

Transaction ID : SA11AI.61912

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

163.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MICHAEL HOFFMAN**

Mailing Address 4500 MIRA LOMA DR. #245

City State Zip Code  
 RENO NV 89502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 04 / 2014

Transaction ID : SA11AI.61364

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MICHAEL HOFFMAN**

Mailing Address 4500 MIRA LOMA DR. #245

City State Zip Code  
 RENO NV 89502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 07 / 2014

Transaction ID : SA11AI.61370

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR JACK HOFSTETTER**

Mailing Address 200 S DOLLIVER ST SPC 313

City State Zip Code  
 PISMO BEACH CA 93449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 17 / 2014

Transaction ID : SA11AI.62400

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR JACK HOFSTETTER**

Mailing Address 200 S DOLLIVER ST SPC 313

City State Zip Code  
PISMO BEACH CA 93449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.62401

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**B. CONSTANCE M HOH**

Mailing Address 1580 EDMOND DR

City State Zip Code  
SAN CARLOS CA 94070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.63640

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MRS CLAIRE HOLLAND**

Mailing Address 5508 SADDLEWOOD LN

City State Zip Code  
BRENTWOOD TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.61779

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

155.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. EDNA HOSEMANN**

Mailing Address 1215 EAST AVE APT 6

City  
VICKSBURG

State Zip Code  
MS 39180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.62820

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. THELMA HOUNIHAN**

Mailing Address 2163 NW MAST PL APT B

City  
LINCOLN CITY

State Zip Code  
OR 97367

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.64527

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. MRS ANN V HOWARD**

Mailing Address 50 JEFFERSON OVAL

City  
YORKTOWN HEIGHTS

State Zip Code  
NY 10598

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.63923

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

140.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS CHRISTINE HOWCROFT**

Mailing Address 155 FIRE TOWER RD

City

SOMERVILLE

State

TN

Zip Code

38068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

TRUCK DRIVER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : SA11AI.65556

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. RUTH HOWE**

Mailing Address 3624 BIRCHMONT DR NE

City

BEMIDJI

State

MN

Zip Code

56601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2014

Transaction ID : SA11AI.62804

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. WILLIAM HUDSON**

Mailing Address 6117 WESTWIND DR

City

GREENSBORO

State

NC

Zip Code

27410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2014

Transaction ID : SA11AI.62885

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

170.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. WILLIAM HUDSON**

Mailing Address 6117 WESTWIND DR

City State Zip Code  
GREENSBORO NC 27410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

Transaction ID : SA11AI.62884

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MR LLOYD HURLBERT**

Mailing Address 1202 N 36TH ST

City State Zip Code  
ROGERS AR 72756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.62085

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MRS ETHEL HUSER**

Mailing Address 1704 DECATUR RD

City State Zip Code  
FREDONIA KS 66736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.63052

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

335.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS ETHEL HUSER**

Mailing Address 1704 DECATUR RD

City State Zip Code  
FREDONIA KS 66736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.63051

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS ETHEL HUSER**

Mailing Address 1704 DECATUR RD

City State Zip Code  
FREDONIA KS 66736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.63050

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. JERE IRWIN**

Mailing Address 4509 SCENIC DR

City State Zip Code  
YAKIMA WA 98908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.65480

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. COL NICHOLAS LAS JABBOUR**

Mailing Address 1950 CALLE BARCELONA #234

City State Zip Code  
CARLSBAD CA 92009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.63779

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. COL NICHOLAS LAS JABBOUR**

Mailing Address 1950 CALLE BARCELONA #234

City State Zip Code  
CARLSBAD CA 92009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

Transaction ID : SA11AI.63778

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR PAUL E JACKSON**

Mailing Address 917 MARINA DR

City State Zip Code  
PANAMA CITY BEACH FL 32407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.63580

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

735.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

A. JOAN JARRELL

Mailing Address 301B OAKLAWN AVE

City State Zip Code  
 ELIZABETHTOWN KY 42701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 17 2014

Transaction ID : SA11AI.64597

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. JOAN JARRELL

Mailing Address 301B OAKLAWN AVE

City State Zip Code  
 ELIZABETHTOWN KY 42701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 22 2014

Transaction ID : SA11AI.64318

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

C. RONALD JARVI

Mailing Address 257 SEABREEZE CIR

City State Zip Code  
 JUPITER FL 33477

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2014

Transaction ID : SA11AI.64201

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

195.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. MR REUBEN JENKINS**

Mailing Address 1029 BROADWAY ST

City State Zip Code  
THERMOPOLIS WY 82443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

Transaction ID : SA11AI.64478

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. MS A JEANE JOHNSON**

Mailing Address 11020 S KEATING AVE APT 209

City State Zip Code  
OAK LAWN IL 60453

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.64119

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

## **C. MS AUDREY JOHNSON**

Mailing Address 2424 THOMPSON AVE

City State Zip Code  
DODGE CITY KS 67801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

Transaction ID : SA11AI.62051

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

210.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS CHARLOTTE JOHNSON**

Mailing Address 59 CLARK AVE

City  
DRACUT

State Zip Code  
MA 01826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.62563

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS GLORIA JOHNSON**

Mailing Address 1156 ROWLEY ST

City  
WHEATLAND

State Zip Code  
WY 82201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.62190

Amount of Each Receipt this Period

23.00

Full Name (Last, First, Middle Initial)

**C. MISS RUTH M JOHNSON**

Mailing Address 25442 SKYWAY DR

City  
JOPLIN

State Zip Code  
MO 64801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.64467

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

98.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS JOYCE E JONES**

Mailing Address 1302 NE TRILEIN DR

City

ANKENY

State

IA

Zip Code

50021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

538.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.62738

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MS PHYLLIS JOSEPH**

Mailing Address 563 HARDING RD

City

ZANESVILLE

State

OH

Zip Code

43701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.63033

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. DR STEFANIA JOZWIK**

Mailing Address 401 E 60TH ST APT 9C

City

NEW YORK

State

NY

Zip Code

10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.65422

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. GEORGE KADONADA**

Mailing Address 5954 WATERFRONT PL

City State Zip Code  
LONG BEACH CA 90803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US BENEFITS INSURANCE SERVICES

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.65343

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. MR ORVILLE A KAFFENBERGER**

Mailing Address 10215 DALE CREST DR

City State Zip Code  
DALLAS TX 75229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.65160

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. MR ARNO KALB**

Mailing Address 5080 SE HANSON CIR

City State Zip Code  
STUART FL 34997

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.61756

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

475.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. EVERT KARI**

Mailing Address 7008 SANDELL AVE

City State Zip Code  
EDINA MN 55435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SA11AI.64127

Amount of Each Receipt this Period

53.00

Full Name (Last, First, Middle Initial)

**B. EVERT KARI**

Mailing Address 7008 SANDELL AVE

City State Zip Code  
EDINA MN 55435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.64128

Amount of Each Receipt this Period

53.00

Full Name (Last, First, Middle Initial)

**C. ROBERT KEIM**

Mailing Address 469 27TH AVE

City State Zip Code  
EAST MOLINE IL 61244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.64428

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

176.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. ROBERT KEIM**

Mailing Address 469 27TH AVE

City  
EAST MOLINE

State Zip Code  
IL 61244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.64427

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MR GEORGE J KELLY**

Mailing Address 1659 VIRGINIA BYWAY

City  
BEDFORD

State Zip Code  
VA 24523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.64379

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR C KERSTE**

Mailing Address 35971 N HIGHWAY 13

City  
CRAIG

State Zip Code  
CO 81625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.62187

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

185.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR C KERSTE**

Mailing Address 35971 N HIGHWAY 13

City State Zip Code  
 CRAIG CO 81625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 27 2014

Transaction ID : SA11AI.62186

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR JOHN KING**

Mailing Address 3615 CAMBRIA CIR

City State Zip Code  
 THE VILLAGES FL 32162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 30 2014

Transaction ID : SA11AI.65089

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MORTON M KIRSHNER**

Mailing Address 2444 WILSHIRE BLVD

City State Zip Code  
 SANTA MONICA CA 90403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SADLER FARMS INC

Occupation

OFFICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 27 2014

Transaction ID : SA11AI.63560

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS MAXINE KNERR**

Mailing Address 11905 KINGSTON ST

City State Zip Code  
 GRAND TERRACE CA 92313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 30 / 2014

Transaction ID : SA11AI.62355

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. MS MARY G KOEHL**

Mailing Address 1307 MANOR LAKE CT

City State Zip Code  
 RICHMOND TX 77406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 21 / 2014

Transaction ID : SA11AI.63782

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MS MARY G KOEHL**

Mailing Address 1307 MANOR LAKE CT

City State Zip Code  
 RICHMOND TX 77406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 03 / 2014

Transaction ID : SA11AI.63783

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR DAVID KOENEN**

Mailing Address PO BOX 486

City State Zip Code  
LATIMER IA 50452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.63512

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. DANIEL KOLLAY**

Mailing Address 11654 LEEHIGH DR

City State Zip Code  
FAIRFAX VA 22030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JACOBS ENGINEERING

Occupation

SYSTEMS ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.61357

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. MR LEONARD KRAMER**

Mailing Address 4045 120TH AVE NW

City State Zip Code  
MILAN MN 56262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : SA11AI.61951

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS LIZ YOUNG KRAUSE**

Mailing Address 630 SHERMAN ST

City  
ALLEGAN

State Zip Code  
MI 49010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.61878

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MS JOAN KRAUSS**

Mailing Address 222 ARBOR RD

City  
FRANKLIN LKS

State Zip Code  
NJ 07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SA11AI.61445

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MS JOAN KRAUSS**

Mailing Address 222 ARBOR RD

City  
FRANKLIN LKS

State Zip Code  
NJ 07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.61444

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

335.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS BEVERLY E KRUEGER**

Mailing Address 6065 VERDE TRL S APT G114

City State Zip Code  
 BOCA RATON FL 33433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

10 / 21 / 2014

Transaction ID : SA11AI.61733

Amount of Each Receipt this Period

54.00

Full Name (Last, First, Middle Initial)

**B. LTC HERBERT T KRUSE**

Mailing Address 89 S DAWSON AVE

City State Zip Code  
 COLUMBUS OH 43209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

10 / 16 / 2014

Transaction ID : SA11AI.64349

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

**C. MRS STACY LANCASTER**

Mailing Address 205 MOSES

City State Zip Code  
 HAMPTON AR 71744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 20 / 2014

Transaction ID : SA11AI.63155

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

292.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. MS SUE LANE**

Mailing Address 127 GABLES PL

City State Zip Code  
 RUTLAND VT 05701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 / 22 / 2014

Transaction ID : SA11AI.61417

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

## **B. MS MARY ELIZABETH LANG**

Mailing Address 6538 N SAFFORD AVE

City State Zip Code  
 FRESNO CA 93711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 / 17 / 2014

Transaction ID : SA11AI.64446

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MS MARY ELIZABETH LANG**

Mailing Address 6538 N SAFFORD AVE

City State Zip Code  
 FRESNO CA 93711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 / 30 / 2014

Transaction ID : SA11AI.64445

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

240.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR HAROLD LANGLEY**

Mailing Address 2232 HIGHWAY M

City

MARQUAND

State

MO

Zip Code

63655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.62018

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MR HAROLD LANGLEY**

Mailing Address 2232 HIGHWAY M

City

MARQUAND

State

MO

Zip Code

63655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.62016

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MR HAROLD LANGLEY**

Mailing Address 2232 HIGHWAY M

City

MARQUAND

State

MO

Zip Code

63655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.62017

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR KEVIN F LASSER**

Mailing Address 463 PELHAM RD BLDG 7

City State Zip Code  
 NEW ROCHELLE NY 10805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 27 2014

Transaction ID : SA11AI.62571

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR ELDON LATHAM**

Mailing Address 1212 SUNNYSIDE DR

City State Zip Code  
 EUGENE OR 97404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 30 2014

Transaction ID : SA11AI.62502

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MR ARTHUR C LATNO**

Mailing Address 67 CONVENT CT

City State Zip Code  
 SAN RAFAEL CA 94901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 30 2014

Transaction ID : SA11AI.63248

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

285.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. RAY LAZO**

Mailing Address 805 9TH AVE S

City  
NAPLES

State Zip Code  
FL 34102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.63091

Amount of Each Receipt this Period

26.00

Full Name (Last, First, Middle Initial)

**B. MR ALBERT LEDERGERBER**

Mailing Address PO BOX 596

City  
PAHALA

State Zip Code  
HI 96777

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.62953

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. MR ALBERT LEDERGERBER**

Mailing Address PO BOX 596

City  
PAHALA

State Zip Code  
HI 96777

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

Transaction ID : SA11AI.62954

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

86.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR ALBERT LEDERGERBER**

Mailing Address PO BOX 596

City

PAHALA

State

HI

Zip Code

96777

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.62952

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS MARIE LESETH**

Mailing Address 1401 CELEBRATION AVE APT 206

City

KISSIMMEE

State

FL

Zip Code

34747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.64335

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR ROBERT F LESUER**

Mailing Address 4854 BUCKHORN BUTTE CT

City

LAS VEGAS

State

NV

Zip Code

89149

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.64370

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS HILMA A LEVIS**

Mailing Address 6901 AVENUE E

City State Zip Code  
SANTA FE TX 77510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 17 2014

Transaction ID : SA11AI.63057

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MRS HILMA A LEVIS**

Mailing Address 6901 AVENUE E

City State Zip Code  
SANTA FE TX 77510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 17 2014

Transaction ID : SA11AI.63058

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MRS HILMA A LEVIS**

Mailing Address 6901 AVENUE E

City State Zip Code  
SANTA FE TX 77510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 24 2014

Transaction ID : SA11AI.63056

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

135.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS HILMA A LEVIS**

Mailing Address 6901 AVENUE E

City

SANTA FE

State

TX

Zip Code

77510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.63055

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. MR ELMER LEWIS**

Mailing Address 102 FRANCES DR

City

YORKTOWN

State

VA

Zip Code

23692

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.61628

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR ELMER LEWIS**

Mailing Address 102 FRANCES DR

City

YORKTOWN

State

VA

Zip Code

23692

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.61627

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. KAREN LIEN**

Mailing Address 1435 ELEPHANT RD

City State Zip Code  
PERKASIE PA 18944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.65093

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MRS MARIAN LIVENGOD**

Mailing Address PO BOX 360

City State Zip Code  
BARNSDALL OK 74002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COX COMMUNICATIONS

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.63421

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. MRS MARIAN LIVENGOD**

Mailing Address PO BOX 360

City State Zip Code  
BARNSDALL OK 74002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COX COMMUNICATIONS

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.63420

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1020.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR BRUCE LOBERG**

Mailing Address 5683 TOWNLINE RD

City	State	Zip Code
STURGEON BAY	WI	54235

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 BRUCE LOBERG CONST

 Occupation  
 CARPENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2014

Transaction ID : SA11AI.61927

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR BRUCE LOBERG**

Mailing Address 5683 TOWNLINE RD

City	State	Zip Code
STURGEON BAY	WI	54235

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 BRUCE LOBERG CONST

 Occupation  
 CARPENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2014

Transaction ID : SA11AI.61926

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MR HENRY L LONG JR**

Mailing Address 423 NORTHFIELD RD

City	State	Zip Code
WATERTOWN	CT	06795

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 INFORMATION REQUESTED

 Occupation  
 INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2014

Transaction ID : SA11AI.65003

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS HARRIETT P LUCCA**

Mailing Address 1616 PENNSYLVANIA AVE UNIT 273

City State Zip Code  
 VINELAND NJ 08361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 29 / 2014

Transaction ID : SA11AI.64248

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. ROBERT LUNDAY**

Mailing Address 17644 SE 293RD PL

City State Zip Code  
 KENT WA 98042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

895.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 30 / 2014

Transaction ID : SA11AI.61351

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. MR WALTER LUNG DDS**

Mailing Address 4244 HUANUI ST

City State Zip Code  
 HONOLULU HI 96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 28 / 2014

Transaction ID : SA11AI.62492

Amount of Each Receipt this Period

53.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

453.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR RICHARD LUSH**

Mailing Address 31 E GREEN LN

City State Zip Code  
MILFORD DE 19963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.63166

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR OTTO MAATSCH**

Mailing Address 84 GARFIELD ST

City State Zip Code  
DUMONT NJ 07628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : SA11AI.64439

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**C. MR JOHN MACMURRAY**

Mailing Address 4238 LOS PALOS AVE

City State Zip Code  
PALO ALTO CA 94306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.64111

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

620.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR HENRY MADLEY**

Mailing Address 3648 62ND AVE E

City  
BRADENTON

State Zip Code  
FL 34203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1940.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.63995

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. EDWIN CAMACHO MALIXI**

Mailing Address 4608 MISTRAL LN

City  
VIRGINIA BCH

State Zip Code  
VA 23456

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.65280

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. MARY MANCUSO**

Mailing Address 5708 160TH ST

City  
FLUSHING

State Zip Code  
NY 11365

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.64440

Amount of Each Receipt this Period

53.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

703.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. NORMAN R MANCUSO**

Mailing Address 24 TERRANE AVE

City

NATICK

State

MA

Zip Code

01760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

Transaction ID : SA11AI.63503

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. NORMAN R MANCUSO**

Mailing Address 24 TERRANE AVE

City

NATICK

State

MA

Zip Code

01760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.63502

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MR DAVID P MARION**

Mailing Address 10276 N DOWLING RD

City

COLLEGE STATION

State

TX

Zip Code

77845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.62142

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

310.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS HELEN MARSHALL**

Mailing Address 827 SUSAN AVE

City State Zip Code  
 WOODSTOCK VA 22664

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 29 2014

Transaction ID : SA11AI.61602

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. KENNETH A MARSHALL**

Mailing Address 125 COOLIDGE AVE

City State Zip Code  
 WATERTOWN MA 02472

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PLASTIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 23 2014

Transaction ID : SA11AI.64818

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. FR CHARLES MARTIN**

Mailing Address 220 COLUMBIA ST

City State Zip Code  
 JOHNSTOWN PA 15905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 20 2014

Transaction ID : SA11AI.61539

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS GLENNIS I MARTIN**

Mailing Address 811 NW MAYNARD ST

City State Zip Code  
BLUE SPRINGS MO 64015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 21 2014

Transaction ID : SA11AI.65195

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. MR ROBERT J MAY**

Mailing Address 1006 GLEN DR NE

City State Zip Code  
NEW PHILADELPHIA OH 44663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 17 2014

Transaction ID : SA11AI.62592

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. ROBERT A MAY**

Mailing Address 2322 S POPLAR ST

City State Zip Code  
CASPER WY 82601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 23 2014

Transaction ID : SA11AI.62192

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

775.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT J MAY**

Mailing Address 1006 GLEN DR NE

City State Zip Code  
 NEW PHILADELPHIA OH 44663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 30 / 2014

Transaction ID : SA11AI.62593

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. KATHLEEN L MCCARTHY**

Mailing Address 10449 BAINBRIDGE AVE

City State Zip Code  
 LOS ANGELES CA 90024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 27 / 2014

Transaction ID : SA11AI.64463

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MRS PATRICIA MCCARTHY**

Mailing Address 5910 HORSEMANS CANYON DR  
 APT 5

City State Zip Code  
 WALNUT CREEK CA 94595

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 24 / 2014

Transaction ID : SA11AI.62446

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1235.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS JOANN MCCAULEY**

Mailing Address 2108 SPRINGHOUSE CIR

City State Zip Code  
 STONE MOUNTAIN GA 30087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 17 2014

Transaction ID : SA11AI.63199

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MS JOANN MCCAULEY**

Mailing Address 2108 SPRINGHOUSE CIR

City State Zip Code  
 STONE MOUNTAIN GA 30087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 29 2014

Transaction ID : SA11AI.63198

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MR MELBOURNE K MCCREA**

Mailing Address 47148 145TH ST

City State Zip Code  
 TWIN BROOKS SD 57269

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ADMINISTRATIVE SUPPORT SERVICE

Occupation

MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 20 2014

Transaction ID : SA11AI.63489

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR CHARLES W MCCULLOUGH**

Mailing Address 6600 TUPELO LN

City  
CINCINNATI

State Zip Code  
OH 45243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.63758

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS DRU MCDANIEL**

Mailing Address 2089 MOUNT VERNON RD

City  
TUPELO

State Zip Code  
MS 38804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.62965

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. MRS JEAN B MCDERMID**

Mailing Address 5250 VERNON AVE S APT 502

City  
MINNEAPOLIS

State Zip Code  
MN 55436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.61941

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS MARGARET J MCDONOUGH**

Mailing Address 85 GROVEDALE LN

City  
WYALUSING

State Zip Code  
PA 18853

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.63440

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR CHARLES MCGRATH**

Mailing Address PO BOX 370

City  
IRVINGTON

State Zip Code  
VA 22480

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.61600

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

**C. MRS EDITH MCLAGGAN**

Mailing Address 52 HULL AVE

City  
WALLINGFORD

State Zip Code  
VT 05773

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

Transaction ID : SA11AI.64156

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

249.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS NANCY P MCLAUGHLIN**

Mailing Address 1535 W THATCHER BLVD LOT 2

City  
SAFFORD

State Zip Code  
AZ 85546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.64381

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MR WILLIAM G MCLAUGHLIN**

Mailing Address 7430 SUNSHINE SKYWAY LN S

City  
ST PETERSBURG

State Zip Code  
FL 33711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.65120

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR WILLIAM G MCLAUGHLIN**

Mailing Address 7430 SUNSHINE SKYWAY LN S

City  
ST PETERSBURG

State Zip Code  
FL 33711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.65121

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR WILLIAM G MCLAUGHLIN**

Mailing Address 7430 SUNSHINE SKYWAY LN S

City State Zip Code  
ST PETERSBURG FL 33711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.65122

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR WILLIAM G MCLAUGHLIN**

Mailing Address 7430 SUNSHINE SKYWAY LN S

City State Zip Code  
ST PETERSBURG FL 33711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

834.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

Transaction ID : SA11AI.65123

Amount of Each Receipt this Period

54.00

Full Name (Last, First, Middle Initial)

**C. MR WILLIAM G MCLAUGHLIN**

Mailing Address 7430 SUNSHINE SKYWAY LN S

City State Zip Code  
ST PETERSBURG FL 33711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.65119

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

154.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS ELLEN MCMILLAN**

Mailing Address 320 S UTAH AVE

City

RUSSELLVILLE

State

AR

Zip Code

72801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.64007

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. ARTHUR MCQUATE**

Mailing Address 3231 NE 352ND ST

City

OSBORN

State

MO

Zip Code

64474

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.63602

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR MARINO MEACCI**

Mailing Address 6627 W SHIELDS AVE

City

FRESNO

State

CA

Zip Code

93723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.62413

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

120.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. REV ROBERT MEFFAN**

Mailing Address 6006 ISLAND DR

City

MIDDLEBORO

State

MA

Zip Code

02346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 05 / 2014

Transaction ID : SA11AI.63772

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. MS ELSA MERUELO**

Mailing Address 13002 BEXHILL DR

City

HOUSTON

State

TX

Zip Code

77065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.63042

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR ROBERT P MERVINE**

Mailing Address 32105 US HIGHWAY 264 APT A7

City

ENGELHARD

State

NC

Zip Code

27824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.64550

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

105.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR DAVID MIHLFEITH**

Mailing Address 1037 S 4TH AVE

City State Zip Code  
 POCATELLO ID 83201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : SA11AI.65409**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR HERMAN MILBREATH**

Mailing Address 60371 APACHE LN

City State Zip Code  
 WASHINGTON MI 48094

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.63932**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. ADRIANA MILIUSIS**

Mailing Address 6141 PEBBLE DR

City State Zip Code  
 ALLENDALE MI 49401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.64913**

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

210.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. MRS IDA MILLER**

Mailing Address 3136 RIVER VILLA WAY

City State Zip Code  
 MELBOURNE BEACH FL 32951

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 30 2014

Transaction ID : SA11AI.61713

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. JOAN MILLER**

Mailing Address 1007 MEADOWLARK LN

City State Zip Code  
 CHIPLEY FL 32428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 30 2014

Transaction ID : SA11AI.63957

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

## **C. MS MARGARET MILLER**

Mailing Address 12999 N PENNSYLVANIA ST APT C113

City State Zip Code  
 CARMEL IN 46032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 16 2014

Transaction ID : SA11AI.61835

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

69.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS MARGARET MILLER**

Mailing Address 12999 N PENNSYLVANIA ST APT C113

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2014

Transaction ID : SA11AI.61834

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. MR JOSEPH MINTON**

Mailing Address PO BOX 146

City	State	Zip Code
BELVIDERE	NC	27919

FEC ID number of contributing federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2014

Transaction ID : SA11AI.64769

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C. MS NORMA MITTEN**

Mailing Address 1786 HERITAGE WALK

City	State	Zip Code
BILLINGS	MT	59105

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2014

Transaction ID : SA11AI.63875

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

165.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS JOAN E MONROE**

Mailing Address 1803 ROYALSBOROUGH RD

City State Zip Code  
 DURHAM ME 04222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 30 / 2014

Transaction ID : SA11AI.63550

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR CARLYLE N MONTANYE JR**

Mailing Address PO BOX 14

City State Zip Code  
 GLYNDON MD 21071

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 27 / 2014

Transaction ID : SA11AI.63968

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MRS BEBE JEAN MONTGOMERY**

Mailing Address 12410 W CORONET DR

City State Zip Code  
 SUN CITY WEST AZ 85375

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 17 / 2014

Transaction ID : SA11AI.62225

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS BEBE JEAN MONTGOMERY**

Mailing Address 12410 W CORONET DR

City State Zip Code  
 SUN CITY WEST AZ 85375

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 21 / 2014

Transaction ID : SA11AI.62226

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. DUNCAN MONTGOMERY**

Mailing Address 15455 HILDING DR SE

City State Zip Code  
 MONROE WA 98272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : SA11AI.64464

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. DUNCAN MONTGOMERY**

Mailing Address 15455 HILDING DR SE

City State Zip Code  
 MONROE WA 98272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 28 / 2014

Transaction ID : SA11AI.64465

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR FRED D MOON**

Mailing Address 8 WILLOW LN

City State Zip Code  
GROVE CITY PA 16127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : SA11AI.63653

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. MR DON MORK**

Mailing Address 19233 310TH ST

City State Zip Code  
ELKADER IA 52043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 04 / 2014

Transaction ID : SA11AI.63692

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MR WILLIAM MOSES**

Mailing Address 5421 KENT AVE

City State Zip Code  
GROVES TX 77619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.65110

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

105.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. MR ELMO MOSS**

Mailing Address 5625 COUNTY ROAD 441

City State Zip Code  
HANNIBAL MO 63401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.62009

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. MR JOHN MULLEY**

Mailing Address 18937 RINGLING ST

City State Zip Code  
TARZANA CA 91356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.62304

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

## **C. MRS ELAINE T MURHAMMER**

Mailing Address 4112 JEFFERSON HWY APT 320

City State Zip Code  
JEFFERSON LA 70121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.62690

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS CLAIR J MURPHY**

Mailing Address 1626 RUTH ST N

City  
SAINT PAUL

State Zip Code  
MN 55119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.63445

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS CLAIR J MURPHY**

Mailing Address 1626 RUTH ST N

City  
SAINT PAUL

State Zip Code  
MN 55119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.63446

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. ELVINA MURRAY**

Mailing Address 234 DENNIS HARPER RD

City  
DOUGLAS

State Zip Code  
GA 31533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

Transaction ID : SA11AI.64753

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. ROBERT MYERS**

Mailing Address 1127 MCDONALD ST

City  
EUREKA

State Zip Code  
CA 95503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.63153

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. MR THOMAS H MYERS JR**

Mailing Address PO BOX 659

City  
LONGS

State Zip Code  
SC 29568

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.64152

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. JOHN NATELLE**

Mailing Address 105 WOODFIELD DR

City  
MIDDLEBURY

State Zip Code  
CT 06762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.64407

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

195.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS WANDA NEELY**

Mailing Address 513 E JEFFERSON ST

City  
HAVANA

State Zip Code  
IL 62644

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.63797

Amount of Each Receipt this Period

53.00

Full Name (Last, First, Middle Initial)

**B. MR RALPH NELSON**

Mailing Address 910 SHAWNEE RD

City  
WAXAHACHIE

State Zip Code  
TX 75165

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.63927

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. MR JAMES W NEWBERNE**

Mailing Address 8580 CAVALIER DR

City  
CINCINNATI

State Zip Code  
OH 45231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.62798

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

628.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS EDITH M NOWICKI**

Mailing Address 750 MISSISSIPPI RIVER BLVD S

City  
SAINT PAUL

State Zip Code  
MN 55116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

Transaction ID : SA11AI.65152

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. MRS LESTER C NUNNALLY**

Mailing Address 5538 JESSAMINE LN

City  
ORLANDO

State Zip Code  
FL 32839

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.64215

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. MRS LESTER C NUNNALLY**

Mailing Address 5538 JESSAMINE LN

City  
ORLANDO

State Zip Code  
FL 32839

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2014

Transaction ID : SA11AI.64216

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. LELA O'BRYAN**

Mailing Address 100 PARKVIEW LN APT 286

City State Zip Code  
SAVOY IL 61874

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 23 2014

Transaction ID : SA11AI.65435

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. LELA O'BRYAN**

Mailing Address 100 PARKVIEW LN APT 286

City State Zip Code  
SAVOY IL 61874

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 28 2014

Transaction ID : SA11AI.65434

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. LELA O'BRYAN**

Mailing Address 100 PARKVIEW LN APT 286

City State Zip Code  
SAVOY IL 61874

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2014

Transaction ID : SA11AI.65431

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. LELA O'BRYAN**

Mailing Address 100 PARKVIEW LN APT 286

City State Zip Code  
SAVOY IL 61874

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2014

Transaction ID : SA11AI.65432

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. MR BERNARD J O'DAY SR**

Mailing Address 1471 W TACOMA ST

City State Zip Code  
HERNANDO FL 34442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 30 2014

Transaction ID : SA11AI.61754

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. CLAUDE OBAR**

Mailing Address 8520 NW 206TH ST

City State Zip Code  
EDMOND OK 73012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 20 2014

Transaction ID : SA11AI.62087

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

530.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR RICHARD R OLANDER**

Mailing Address 1742 N FITZGERALD LN

City State Zip Code  
 HANFORD CA 93230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 23 / 2014

Transaction ID : SA11AI.64123

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR ANDREW J OLEKSY**

Mailing Address 1450 MARLTON PIKE E

City State Zip Code  
 CHERRY HILL NJ 08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : SA11AI.63488

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MS DOROTHY B OLSON**

Mailing Address 18940 FALL RIDGE RD

City State Zip Code  
 RICHMOND MN 56368

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 23 / 2014

Transaction ID : SA11AI.63381

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

195.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. CLEOF E OSORIO**

Mailing Address 109 CAPE SABLE DR

City State Zip Code  
 NAPLES FL 34104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 03 / 2014

Transaction ID : SA11AI.63770

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

## **B. CLEOF E OSORIO**

Mailing Address 109 CAPE SABLE DR

City State Zip Code  
 NAPLES FL 34104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 06 / 2014

Transaction ID : SA11AI.63769

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

## **C. MS RUTH OSTLUND**

Mailing Address 400 E WARWICK DR APT 110

City State Zip Code  
 ALMA MI 48801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.00

Date of Receipt

10 / 21 / 2014

Transaction ID : SA11AI.65296

Amount of Each Receipt this Period

77.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

377.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS JANET OWENS**

Mailing Address 140 HATCHETT RD

City State Zip Code  
ROEBUCK SC 29376

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.61661

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR ROGER PAGE**

Mailing Address 350 W BIRDIE DR

City State Zip Code  
PUEBLO WEST CO 81007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 28 / 2014

Transaction ID : SA11AI.65112

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MR JAMES PAISLEY**

Mailing Address 10200 E HARVARD AVE APT 257

City State Zip Code  
DENVER CO 80231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.62265

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. EMMA S PATTIE**

Mailing Address 2404 RAYMOND PL

City  
HAYMARKET

State Zip Code  
VA 20169

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.64147

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

## **B. JOHN R PAUL**

Mailing Address 184 NW 10TH ST

City  
MERIDIAN

State Zip Code  
ID 83642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MORSE STARRET

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.63644

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

## **C. NORMAN PAULHUS**

Mailing Address 2223 PARKER BLVD

City  
TONAWANDA

State Zip Code  
NY 14150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.63750

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

515.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR KENNETH W PEKRUN**

Mailing Address 112 BRADFORD LN

City State Zip Code  
MANTEO NC 27954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 17 2014

Transaction ID : SA11AI.62639

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. ALSTON PENFOLD**

Mailing Address 1809 SOUTH SHORE DR

City State Zip Code  
CLEAR LAKE IA 50428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

A TO Z DRYING

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 28 2014

Transaction ID : SA11AI.61335

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MRS CATHERINE G PERCY**

Mailing Address 757 HILLSIDE DR

City State Zip Code  
SOLVANG CA 93463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 17 2014

Transaction ID : SA11AI.62407

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

480.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. MS KATHY PERRIZO**

Mailing Address 6243 PARKHURST DR

City State Zip Code  
GOLETA CA 93117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOLETA UNION SCHOOL DISTRICT

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 26 / 2014

Transaction ID : SA11AI.61323

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

## **B. MS JANICE PHILLIPS**

Mailing Address 5025 FOOTHILLS RD APT 1

City State Zip Code  
LAKE OSWEGO OR 97034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.62807

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

## **C. MS IMELDA PIEPER**

Mailing Address 2171 ROAD 19

City State Zip Code  
DODGE NE 68633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.64653

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

205.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. RICHARD PILAND**

Mailing Address 7205 GOLD NUGGET DRIVE

City State Zip Code  
 NIWOT CO 80503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 29 / 2014

Transaction ID : SA11AI.61345

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS ROSELY PLOTZ**

Mailing Address 3232 BENTON IOWA RD

City State Zip Code  
 NORWAY IA 52318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 21 / 2014

Transaction ID : SA11AI.63965

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MRS ROSELY PLOTZ**

Mailing Address 3232 BENTON IOWA RD

City State Zip Code  
 NORWAY IA 52318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 30 / 2014

Transaction ID : SA11AI.63966

Amount of Each Receipt this Period

57.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

132.00

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. MRS PHYLLIS POHL**

Mailing Address 10510 LAUREL ESTATES LN

City State Zip Code  
LAKE WORTH FL 33449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1663.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.63994

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. MR JOHN E POKRIOTS**

Mailing Address 1210 STEINWAY AVE

City State Zip Code  
CAMPBELL CA 95008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.63062

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

## **C. MRS HAZEL POLLARI**

Mailing Address 505 12TH ST

City State Zip Code  
RAYMOND WA 98577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.63605

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

185.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR CHARLES POND III**

Mailing Address 8278 KINGS LANDING LN

City State Zip Code  
SMITHFIELD VA 23430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.61620

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR CHARLES POND III**

Mailing Address 8278 KINGS LANDING LN

City State Zip Code  
SMITHFIELD VA 23430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.63661

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**C. MR ADAM POPP III**

Mailing Address 370 PINE DR

City State Zip Code  
NEW OXFORD PA 17350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.63815

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

220.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. GREGORY F POULOS**

Mailing Address 815 SW 8TH TER

City State Zip Code  
FORT LAUDERDALE FL 33315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

BOAT YARD WOKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.64174

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. GREGORY F POULOS**

Mailing Address 815 SW 8TH TER

City State Zip Code  
FORT LAUDERDALE FL 33315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

BOAT YARD WOKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.63764

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MR ALTON POWELL**

Mailing Address 1553 MAYFLOWER CT

City State Zip Code  
WINTER PARK FL 32792

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.63444

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.00

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR JAMES L POWELL**

Mailing Address 1311 S MADISON ST

City State Zip Code  
 SAN ANGELO TX 76901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : SA11AI.62737

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MRS BETTY F PRATT**

Mailing Address 5825 TURNBERRY LN

City State Zip Code  
 VERO BEACH FL 32967

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 23 / 2014

Transaction ID : SA11AI.62732

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. MS BEATRICE R PUTNAM**

Mailing Address 225 PUTNAM RD

City State Zip Code  
 NEWBURY VT 05051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 17 / 2014

Transaction ID : SA11AI.64366

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

265.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. MR MALCOM M QUEEN**

Mailing Address 1755 LA COSTA MEADOWS DR

City State Zip Code  
 SAN MARCOS CA 92078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2014

Transaction ID : SA11AI.63819

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. MRS PAMELA QUINN**

Mailing Address 36 SHADY GLEN DR

City State Zip Code  
 EAST GREENWICH RI 02818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014

Transaction ID : SA11AI.63432

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. MS MARJORIE B RADFORD**

Mailing Address 5118 6TH ST N

City State Zip Code  
 ARLINGTON VA 22203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : SA11AI.61599

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR BOBBY RAINES**

Mailing Address 154 SAINT ANDREWS DR

City State Zip Code  
 JACKSON MS 39211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 23 2014

Transaction ID : SA11AI.62882

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR BOBBY RAINES**

Mailing Address 154 SAINT ANDREWS DR

City State Zip Code  
 JACKSON MS 39211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 30 2014

Transaction ID : SA11AI.62881

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS CLAIRE RAINS**

Mailing Address 420 41ST AVE

City State Zip Code  
 SAN FRANCISCO CA 94121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 17 2014

Transaction ID : SA11AI.62609

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS JEANNE F RAMEY**

Mailing Address 1167 N BURRITT AVE

City  
BUFFALO

State Zip Code  
WY 82834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.63267

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. MRS JEANNE F RAMEY**

Mailing Address 1167 N BURRITT AVE

City  
BUFFALO

State Zip Code  
WY 82834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.63266

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**C. MISS MARIAN A RAVEL**

Mailing Address 512 E BUTLER DR

City  
PHOENIX

State Zip Code  
AZ 85020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.63160

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

165.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. MISS MARIAN A RAVEL**

Mailing Address 512 E BUTLER DR

City State Zip Code  
 PHOENIX AZ 85020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 03 / 2014

Transaction ID : SA11AI.63159

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

## **B. MR NORMAN E REES**

Mailing Address 2406 HIGH POINTE CT

City State Zip Code  
 FAIRFIELD CA 94534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 23 / 2014

Transaction ID : SA11AI.62437

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

## **C. MR NORMAN E REES**

Mailing Address 2406 HIGH POINTE CT

City State Zip Code  
 FAIRFIELD CA 94534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 23 / 2014

Transaction ID : SA11AI.62438

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. RON REIMER**

Mailing Address 6595 NW RD

City  
FERNDAL

State Zip Code  
WA 98248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R&R EXCAVATING

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 10 / 2014

Transaction ID : SA11AI.61374

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. MS CORINNE A REPSOLD**

Mailing Address 674 SE 38TH DR

City  
GRESHAM

State Zip Code  
OR 97080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : SA11AI.62564

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **C. MR SAMUEL G RICE**

Mailing Address 515 S 2ND ST

City  
KING CITY

State Zip Code  
CA 93930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.62417

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SPECIAL OPERATIONS FOR AMERICA

Full Name (Last, First, Middle Initial)

A. MR LEVY J RICHARD

Mailing Address 582 COUNTRY RIDGE RD TRLR 108

City	State	Zip Code
OPELOUSAS	LA	70570

FEC ID number of contributing federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2014

Transaction ID : SA11AI.62673

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR ROBERT RICHARDSON

Mailing Address 4300 TIMBERCREST LN

City	State	Zip Code
WACO	TX	76705

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2014

Transaction ID : SA11AI.64664

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. MR BOB RICHMOND

Mailing Address 814 SE 12TH ST

City	State	Zip Code
COLLEGE PLACE	WA	99324

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2014

Transaction ID : SA11AI.63151

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

460.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR LAWRENCE RIPAK JR**

Mailing Address 5 TAMMI CT

City Kings Park State NY Zip Code 11754

FEC ID number of contributing federal political committee.

C

Name of Employer  
LAWRENCE RIPAK CO INC

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 22 / 2014

Transaction ID : SA11AI.63270

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MR PHILIP E RITCH**

Mailing Address 146 KALUAMOO ST

City KAILUA State HI Zip Code 96734

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

10 / 22 / 2014

Transaction ID : SA11AI.62575

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR PHILIP E RITCH**

Mailing Address 146 KALUAMOO ST

City KAILUA State HI Zip Code 96734

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

578.00

Date of Receipt

10 / 31 / 2014

Transaction ID : SA11AI.62576

Amount of Each Receipt this Period

48.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

348.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR LEWIS E ROANE**

Mailing Address 19916 OLD OWEN RD

City  
MONROE

State Zip Code  
WA 98272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

Transaction ID : SA11AI.65127

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR ROGER A ROBERT**

Mailing Address 432 HIGH RIDGE RD

City  
STAMFORD

State Zip Code  
CT 06905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : SA11AI.64607

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. MR ROBERT J ROBERTS**

Mailing Address 4804 NW BETHANY BLVD STE 1-2 # 382

City  
PORTLAND

State Zip Code  
OR 97229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SUN COUNTY TRAINING STABL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.62902

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

205.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR JOHN B ROBERTSON**

Mailing Address 630 COUNTY LINE RD

City State Zip Code  
 GATES MILLS OH 44040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 03 / 2014

Transaction ID : SA11AI.62854

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. MR DELBERT R ROBINSON**

Mailing Address 801 ALABAMA ST

City State Zip Code  
 LAKE ARTHUR NM 88253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

IRRIGATION SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 31 / 2014

Transaction ID : SA11AI.62613

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MRS PEARL B ROENNAU**

Mailing Address 813 9TH ST APT 1

City State Zip Code  
 SANTA MONICA CA 90403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 21 / 2014

Transaction ID : SA11AI.62273

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

215.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS PEARL B ROENNAU**

Mailing Address 813 9TH ST APT 1

City State Zip Code  
 SANTA MONICA CA 90403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 30 2014

Transaction ID : SA11AI.62275

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. MRS NANCY ROLFS**

Mailing Address 4201 LAKESIDE AVE N

City State Zip Code  
 BROOKLYN CENTER MN 55429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 30 2014

Transaction ID : SA11AI.61938

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR JACK C ROSENAU**

Mailing Address 1177 OLD FORT DR

City State Zip Code  
 TALLAHASSEE FL 32301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 30 2014

Transaction ID : SA11AI.61697

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

280.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. E ROTH**

Mailing Address 455 FAYETTE ST

City  
WASHINGTON

State Zip Code  
PA 15301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.64441

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. ROBERT S RUFFIN**

Mailing Address 6405 EMBARCADERO DR

City  
STOCKTON

State Zip Code  
CA 95219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.64951

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. HARRIET RUTLAND**

Mailing Address 1200 BELMONT PKWY

City  
AUSTIN

State Zip Code  
TX 78703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.64622

Amount of Each Receipt this Period

113.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

223.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. MRS STANLEY SAIZ**

Mailing Address 3720 N LINCOLN TRL

City State Zip Code  
 PLEASANT PLAINS IL 62677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 30 2014

Transaction ID : SA11AI.64874

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. DIVINA SALES**

Mailing Address 525 LODE ST

City State Zip Code  
 MANTECA CA 95336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 23 2014

Transaction ID : SA11AI.63490

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. MARC SANDERS**

Mailing Address 2194 REESE LN

City State Zip Code  
 AZLE TX 76020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 29 2014

Transaction ID : SA11AI.61349

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS MARLENE J SCARDINO**

Mailing Address 7225 HUGHSTON RD

City State Zip Code  
HARBOR SPRINGS MI 49740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.62615

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS MARLENE J SCARDINO**

Mailing Address 7225 HUGHSTON RD

City State Zip Code  
HARBOR SPRINGS MI 49740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.62616

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MR CLARENCE W SCHRADER**

Mailing Address 52 SUMMIT AVE

City State Zip Code  
WAKEFIELD RI 02879

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

Transaction ID : SA11AI.64875

Amount of Each Receipt this Period

53.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

138.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. LILLIAN SCHREINER**

Mailing Address 899 ANDERSON TER

City  
DES PLAINES

State Zip Code  
IL 60016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

Transaction ID : SA11AI.64093

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. LILLIAN SCHREINER**

Mailing Address 899 ANDERSON TER

City  
DES PLAINES

State Zip Code  
IL 60016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.64092

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MR KENNETH H SCHROM**

Mailing Address 1161 E 10TH ST

City  
SALEM

State Zip Code  
OH 44460

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

Transaction ID : SA11AI.61822

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR H RICHARD SCHUMACHER**

Mailing Address 47 E 88TH ST

City

NEW YORK

State

NY

Zip Code

10128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SA11AI.61468

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MR C SCHUMAKER**

Mailing Address 104 BUCKYS RD # 49

City

NEW BETHLEHEM

State

PA

Zip Code

16242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : SA11AI.64870

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MR ARTHUR SCHWOTZER**

Mailing Address 145 ROCKINGHAM LN

City

CANONSBURG

State

PA

Zip Code

15317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CROSSGATES INC

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

Transaction ID : SA11AI.62852

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

240.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS CHARLOTTE A SCIOLA**

Mailing Address 14 KIMBALL AVE

City  
WENHAM

State Zip Code  
MA 01984

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.63486

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MRS GERMAINE M SEIHDOLD**

Mailing Address 770 SALISBURY ST APT 512

City  
WORCESTER

State Zip Code  
MA 01609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.64713

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. COL HAROLD KENNETH SEYMOUR**

Mailing Address 1200 N ANNAPOLIS AVE

City  
HERNANDO

State Zip Code  
FL 34442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

Transaction ID : SA11AI.61753

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. JOHN SHAW**

Mailing Address 142 W 720TH AVE

City State Zip Code  
FORT SCOTT KS 66701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.63265

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. THOMAS SHAW**

Mailing Address 1685 E VERA DR

City State Zip Code  
BLOOMINGTON IN 47401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ICI SERVICES CORP

Occupation

ELECTRONICS ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

Transaction ID : SA11AI.61341

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MR JOHN SHILLINGBURG**

Mailing Address 4800 FILLMORE AVE APT 603

City State Zip Code  
ALEXANDRIA VA 22311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.63606

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

335.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR RICHARD D SHIRK**

Mailing Address 1180 BROOKGATE WAY NE

City State Zip Code  
 ATLANTA GA 30319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLUE CROSS/BLUE SHIELD

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 24 / 2014

Transaction ID : SA11AI.63745

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MR IGOR SHMULENSON**

Mailing Address 1915 SEAGIRT BLVD APT 6B

City State Zip Code  
 FAR ROCKAWAY NY 11691

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SHMULENSON MAGIZINEZ

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 30 / 2014

Transaction ID : SA11AI.65230

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MRS DOROTHY SKASKIW**

Mailing Address 32433 WILLOW PARKE CIR

City State Zip Code  
 FERNANDINA BEACH FL 32034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 30 / 2014

Transaction ID : SA11AI.63089

Amount of Each Receipt this Period

57.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

577.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS BETTY M SMITH**

Mailing Address 1101 SMITHLAND BND

City State Zip Code  
ANDERSON SC 29621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.61662

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MS BETTY M SMITH**

Mailing Address 1101 SMITHLAND BND

City State Zip Code  
ANDERSON SC 29621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.61663

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. CARROL A SMITH**

Mailing Address 2114 BRADLEY POND RD

City State Zip Code  
ELLENBURG CENTER NY 12934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

Transaction ID : SA11AI.64711

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CAROL A SMITH**

Mailing Address 2114 BRADLEY POND RD

City State Zip Code  
 ELLENBURG CENTER NY 12934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 28 2014

Transaction ID : SA11AI.64710

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. MR DONALD SMITH**

Mailing Address 10819 DALLASBURG RD

City State Zip Code  
 LOVELAND OH 45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 24 2014

Transaction ID : SA11AI.63345

Amount of Each Receipt this Period

53.00

Full Name (Last, First, Middle Initial)

**C. DR HOWARD L SMITH M D**

Mailing Address 2904 DIAMOND A DR

City State Zip Code  
 ROSWELL NM 88201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 20 2014

Transaction ID : SA11AI.62248

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1653.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS JEANNE SMITH**

Mailing Address 1240 BRICKLEY RD

City  
EUGENE

State Zip Code  
OR 97401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.63805

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. MR NORMAN E SNOW**

Mailing Address 2746 SAN JUAN LN

City  
COSTA MESA

State Zip Code  
CA 92626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.63165

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MR DONALD SOMES**

Mailing Address 4011 HAMMOND DR

City  
WICHITA

State Zip Code  
KS 67218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

Transaction ID : SA11AI.63924

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

110.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS MARIAN SORENSEN**

Mailing Address 201 S BROAD ST APT 28

City State Zip Code  
JERSEY SHORE PA 17740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

Transaction ID : SA11AI.65429

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MRS MADELEINE SOUDEE**

Mailing Address 2325 20TH ST NW

City State Zip Code  
WASHINGTON DC 20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GEORGETOWN UNIVERSITY

Occupation

EDUCATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.61570

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MRS MADELEINE SOUDEE**

Mailing Address 2325 20TH ST NW

City State Zip Code  
WASHINGTON DC 20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GEORGETOWN UNIVERSITY

Occupation

EDUCATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

Transaction ID : SA11AI.61571

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR RICHARD SPARE**

Mailing Address 900 SURREY TRL

City

HUTCHINSON

State

KS

Zip Code

67502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.62049

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. MR TERRY W SPENCER**

Mailing Address 13652 SUZANNE PL

City

COLLEGE STATION

State

TX

Zip Code

77845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.63034

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. MR NEIL E STACY**

Mailing Address 7029 BRANDYWINE DR

City

DERBY

State

NY

Zip Code

14047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : SA11AI.65300

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

405.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. DIANA M STARNES**

Mailing Address 111 MOORINGS PARK DR APT 130

City State Zip Code  
 NAPLES FL 34105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 20 2014

Transaction ID : SA11AI.64280

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

## **B. MRS RITA A STEEN**

Mailing Address 3435 W SATURN DR

City State Zip Code  
 YUMA AZ 85364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 23 2014

Transaction ID : SA11AI.64783

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

## **C. MR JESSE C STINSON**

Mailing Address 1241 51ST ST S

City State Zip Code  
 BIRMINGHAM AL 35222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 20 2014

Transaction ID : SA11AI.63323

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

185.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR DON STOKER**

Mailing Address 2470 S FAIRPLAY ST

City State Zip Code  
 AURORA CO 80014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 23 2014

Transaction ID : SA11AI.64437

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR DON STOKER**

Mailing Address 2470 S FAIRPLAY ST

City State Zip Code  
 AURORA CO 80014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 28 2014

Transaction ID : SA11AI.64438

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. DAVID E STOKES**

Mailing Address 4502 BRIAR HL W

City State Zip Code  
 LAFAYETTE HILL PA 19444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STOKES ASSOCIATES

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 03 2014

Transaction ID : SA11AI.64800

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR DONALD KEARN SURGEON**

Mailing Address PO BOX 363

City State Zip Code  
 JERSEYVILLE IL 62052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 24 2014

Transaction ID : SA11AI.64938

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MR DONALD KEARN SURGEON**

Mailing Address PO BOX 363

City State Zip Code  
 JERSEYVILLE IL 62052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 30 2014

Transaction ID : SA11AI.64939

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MRS LEONE SUTHERLAND**

Mailing Address 5109 MUELLER RD

City State Zip Code  
 MARIPOSA CA 95338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 24 2014

Transaction ID : SA11AI.63128

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR LEONARD SWANSON**

Mailing Address 3572 ESSEX RD

City

CHEYENNE

State

WY

Zip Code

82001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	24	/	2014

Transaction ID : SA11AI.64914

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. FRANK SWEENEY**

Mailing Address 6 CRESTVIEW TER

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOWIE &amp; SWEENEY LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	22	/	2014

Transaction ID : SA11AI.65094

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS BARBARA SYER**

Mailing Address PO BOX 608

City

GREAT BARRINGTON

State

MA

Zip Code

01230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	10	/	2014

Transaction ID : SA11AI.61376

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

200.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR RAY U TANNER**

Mailing Address 14 WHITSITT PARK

City  
JACKSON

State Zip Code  
TN 38301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

Transaction ID : SA11AI.61792

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR ROBERT TAYLOR**

Mailing Address 28 WOODLAND TERRACE CT

City  
CARMEL

State Zip Code  
NY 10512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.65275

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. RUSSELL TAYLOR**

Mailing Address 399 CHANEY AVE

City  
CAYUCOS

State Zip Code  
CA 93430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.61356

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

170.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. TERRY TAYLOR**

Mailing Address 509 OLIVE DR

City State Zip Code  
COLSTRIP MT 59323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.64688

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR RON TEMPLIN**

Mailing Address 2812 W OAKDALE RD

City State Zip Code  
IRVING TX 75060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.62098

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MR RON TEMPLIN**

Mailing Address 2812 W OAKDALE RD

City State Zip Code  
IRVING TX 75060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.62099

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

95.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. MISS HAZEL TERRY**

Mailing Address 306 57TH AVE

City State Zip Code  
 MERIDIAN MS 39307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 28 / 2014

Transaction ID : SA11AI.61798

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

## **B. MR GEORGE W THIESSEN**

Mailing Address 28 VAN VOAST LN

City State Zip Code  
 SCHENECTADY NY 12302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 29 / 2014

Transaction ID : SA11AI.62675

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. MR PAUL THORNBURG**

Mailing Address 1301 FULTON ST APT 145

City State Zip Code  
 NEWBERG OR 97132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 23 / 2014

Transaction ID : SA11AI.62495

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

310.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR ANGELO TIEZZI**

Mailing Address 25 STEEPLECHASE DR

City State Zip Code  
 NEWINGTON CT 06111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 17 / 2014

Transaction ID : SA11AI.64509

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR ANGELO TIEZZI**

Mailing Address 25 STEEPLECHASE DR

City State Zip Code  
 NEWINGTON CT 06111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 30 / 2014

Transaction ID : SA11AI.64211

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MR D LESLIE TINDAL**

Mailing Address 1322 LES TINDAL RD

City State Zip Code  
 PINEWOOD SC 29125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 27 / 2014

Transaction ID : SA11AI.61656

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

585.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR RAYMOND G TOBIN**

Mailing Address PO BOX 710218

City

SAN DIEGO

State

CA

Zip Code

92171

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

Transaction ID : SA11AI.62343

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MR RICHARD W TOLMIE**

Mailing Address 5464 KALAMA RIVER RD

City

KALAMA

State

WA

Zip Code

98625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

Transaction ID : SA11AI.63615

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MRS DARLENE TOONEN**

Mailing Address 1517 E MAIN ST

City

LITTLE CHUTE

State

WI

Zip Code

54140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2014

Transaction ID : SA11AI.65344

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

565.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR F B TOUSSAINT**

Mailing Address 825 DAFFODIL ST

City

LAKE PLACID

State

FL

Zip Code

33852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

CATTLEMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

**Transaction ID : SA11AI.61736**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR F B TOUSSAINT**

Mailing Address 825 DAFFODIL ST

City

LAKE PLACID

State

FL

Zip Code

33852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

CATTLEMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11AI.61737**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR F B TOUSSAINT**

Mailing Address 825 DAFFODIL ST

City

LAKE PLACID

State

FL

Zip Code

33852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

CATTLEMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

621.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SA11AI.61738**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR CHESTER E TUSSEY**

Mailing Address 5724 DOLPHIN PL

City  
LA JOLLA

State Zip Code  
CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

Transaction ID : SA11AI.64386

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR CHESTER E TUSSEY**

Mailing Address 5724 DOLPHIN PL

City  
LA JOLLA

State Zip Code  
CA 92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.64384

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS BETTY G TWAY**

Mailing Address 9601 SOUTHBROOK DR APT S315

City  
JACKSONVILLE

State Zip Code  
FL 32256

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.61696

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. MS BETTY G TWAY**

Mailing Address 9601 SOUTHBROOK DR APT S315

City State Zip Code  
JACKSONVILLE FL 32256

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

Transaction ID : SA11AI.61695

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

## **B. MS BETTY G TWAY**

Mailing Address 9601 SOUTHBROOK DR APT S315

City State Zip Code  
JACKSONVILLE FL 32256

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

Transaction ID : SA11AI.61694

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. MS DIANA UMILE**

Mailing Address 348 N FOUNDERS CT

City State Zip Code  
WARRINGTON PA 18976

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 19 / 2014

Transaction ID : SA11AI.61561

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

230.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR CALVIN K UPP**

Mailing Address 212 N ELM ST

City  
WELLINGTON

State Zip Code  
KS 67152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.62048

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR JACKIE A VALERIUS**

Mailing Address PO BOX 10

City  
MERCEDES

State Zip Code  
TX 78570

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RIO RICO LAB

Occupation

VETERNARIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.62155

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. LT COL ROBERT VANDEN-HEUVEL**

Mailing Address 12 PINEHURST DR

City  
SHALIMAR

State Zip Code  
FL 32579

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.62787

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS KAREN VANDERHOEVEN**

Mailing Address 7047 STRATFORD ECHO

City  
WOODBURY

State Zip Code  
MN 55125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.65073

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR GEORGE T VAN PELT**

Mailing Address 5460 PELT RD

City  
CENTURY

State Zip Code  
FL 32535

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.63471

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. MR BRICE E VICKERY**

Mailing Address 3377 GLENVIEW DR

City  
AIKEN

State Zip Code  
SC 29803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

HEALTH CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.64322

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR ELIAS VICTOR**

Mailing Address 801 NE 81ST ST

City State Zip Code  
MIAMI FL 33138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.63209

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. MR HAROLD VONHARTEN**

Mailing Address 1003 PEPPER RIDGE CT

City State Zip Code  
LUGOFF SC 29078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.63426

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR STEPHEN M VOYLES**

Mailing Address PO BOX 544

City State Zip Code  
FENTON MO 63026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.64084

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

190.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. DANIEL VRBANCIC**

Mailing Address 313 DESMOND DR

City  
SCHAUMBURG

State Zip Code  
IL 60193

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

Transaction ID : SA11AI.65097

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MRS JERRI WALLACE**

Mailing Address 109 GLENROSE LN

City  
CARY

State Zip Code  
NC 27518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.62757

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MR WILLIAM WALTERS**

Mailing Address 4624 SW ILLINOIS ST

City  
PORTLAND

State Zip Code  
OR 97221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.65242

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

105.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS CATHERINE WARREN**

Mailing Address 356 ROSSWAY RD

City State Zip Code  
 PLEASANT VALLEY NY 12569

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 27 2014

Transaction ID : SA11AI.63748

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

**B. MS JEAN WARREN**

Mailing Address 2410 NW GRAND CIR

City State Zip Code  
 OKLAHOMA CITY OK 73116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 27 2014

Transaction ID : SA11AI.63083

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR SIDNEY K WEBBER**

Mailing Address 4018 SE 12TH AVE APT 206

City State Zip Code  
 CAPE CORAL FL 33904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 03 2014

Transaction ID : SA11AI.64468

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR HERBERT H WELDON**

Mailing Address 1827M N 21ST ST

City State Zip Code  
GRAND JUNCTION CO 81501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.62560

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. MR ARVEN C WEST**

Mailing Address 80 RIDDLE MILL RD NE

City State Zip Code  
FAIRMOUNT GA 30139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.61677

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. MR ARVEN C WEST**

Mailing Address 80 RIDDLE MILL RD NE

City State Zip Code  
FAIRMOUNT GA 30139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.61678

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS IRENE C WESTERMAN**

Mailing Address 538 OPENAKI RD

City State Zip Code  
DENVER NJ 07834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.65074

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MS ESTELLA WETZEL**

Mailing Address 1835 AQUILA AVE

City State Zip Code  
RENO NV 89509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.64289

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

**C. MR JAMES W WHITCOMB**

Mailing Address 620 S 198TH ST

City State Zip Code  
SEATTLE WA 98148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ENGINEERING CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.62526

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

255.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR DAVID L WHITE**

Mailing Address 2619 S SHANNON DR

City State Zip Code  
 TEMPE AZ 85282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 21 / 2014

Transaction ID : SA11AI.63671

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MRS JOHNNIE R WHITE**

Mailing Address 8204 CHICAGO AVE

City State Zip Code  
 LUBBOCK TX 79424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 03 / 2014

Transaction ID : SA11AI.62165

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. MR JAMES WHITEHURST**

Mailing Address 3747 PEACHTREE RD NE APT 1008

City State Zip Code  
 ATLANTA GA 30319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : SA11AI.61671

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

105.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR CHARLES WHITNEY**

Mailing Address 3212 N CLARENCE CIR

City  
WICHITA

State Zip Code  
KS 67204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.65303

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MS RUTH WIEGMAN**

Mailing Address PO BOX 43

City  
CHATFIELD

State Zip Code  
OH 44825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.64460

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR DONALD W WILKI**

Mailing Address 159 S COTTAGE HILL AVE APT 111

City  
ELMHURST

State Zip Code  
IL 60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.62909

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

95.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR DONALD W WILKI**

Mailing Address 159 S COTTAGE HILL AVE APT 111

City State Zip Code  
ELMHURST IL 60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.62908

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**B. MR DONALD W WILKI**

Mailing Address 159 S COTTAGE HILL AVE APT 111

City State Zip Code  
ELMHURST IL 60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.62907

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. MR HOWARD WILKINSON JR**

Mailing Address 1108 JO CARR DR

City State Zip Code  
CHESTERFIELD MO 63017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA11AI.62559

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

70.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR WALTER WILLIAMS**

Mailing Address 1100 SW SHORELINE DR APT 325

City State Zip Code  
PALM CITY FL 34990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.61551

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. MR WALTER WILLIAMS**

Mailing Address 1100 SW SHORELINE DR APT 325

City State Zip Code  
PALM CITY FL 34990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 18 / 2014

Transaction ID : SA11AI.61550

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. MR REYNOLDS E WINGARD**

Mailing Address 53 CRESTVIEW BLVD

City State Zip Code  
WARREN PA 16365

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : SA11AI.63216

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS LORRAINE WINK**

Mailing Address 611 S OAKLAND AVE

City State Zip Code  
 VILLA PARK IL 60181

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 17 / 2014

Transaction ID : SA11AI.61981

Amount of Each Receipt this Period

23.00

Full Name (Last, First, Middle Initial)

**B. MS LORRAINE WINK**

Mailing Address 611 S OAKLAND AVE

City State Zip Code  
 VILLA PARK IL 60181

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 30 / 2014

Transaction ID : SA11AI.61980

Amount of Each Receipt this Period

23.00

Full Name (Last, First, Middle Initial)

**C. MR ARNOLD WOLF**

Mailing Address 17256 HIGHWAY 32

City State Zip Code  
 LICKING MO 65542

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 22 / 2014

Transaction ID : SA11AI.62773

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

86.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS DIANE G WOOD**

Mailing Address PO BOX 5035

City

CRESTLINE

State

CA

Zip Code

92325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.62356

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MS DIANE G WOOD**

Mailing Address PO BOX 5035

City

CRESTLINE

State

CA

Zip Code

92325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.62357

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**C. MRS DIANE WOODARD**

Mailing Address 1616 DANDRIDGE ST SW

City

DECATUR

State

AL

Zip Code

35601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA11AI.61762

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

177.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. MS UNA WOODS**

Mailing Address 29 EDMERE AVE

City State Zip Code  
 WEST HARTFORD CT 06110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 17 / 2014

Transaction ID : SA11AI.65138

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. MR THOMAS WYLIE**

Mailing Address 5323 ASHLAR VLG

City State Zip Code  
 WALLINGFORD CT 06492

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 24 / 2014

Transaction ID : SA11AI.61436

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

## **C. MRS JUDITH M YARBROUGH**

Mailing Address 9009 W TULIP TREE DR

City State Zip Code  
 MUNCIE IN 47304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 27 / 2014

Transaction ID : SA11AI.62794

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

675.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS JUDITH M YARBROUGH**

Mailing Address 9009 W TULIP TREE DR

City

MUNCIE

State

IN

Zip Code

47304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.62795

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MRS JUDITH M YARBROUGH**

Mailing Address 9009 W TULIP TREE DR

City

MUNCIE

State

IN

Zip Code

47304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : SA11AI.62796

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MRS SARAH YODER**

Mailing Address 3983 BAYLISS AVE

City

MEMPHIS

State

TN

Zip Code

38122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

Transaction ID : SA11AI.63992

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

85.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS BONNIE J YOUNG**

Mailing Address 2631 W CASAS CIR

City  
TUCSON

State Zip Code  
AZ 85742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.62869

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR ARTHUR ZELLMER**

Mailing Address PO BOX 325

City  
DAVENPORT

State Zip Code  
WA 99122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : SA11AI.63476

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR EARL F ZIEMANN**

Mailing Address 732 PRIGGE RD

City  
SAINT LOUIS

State Zip Code  
MO 63138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : SA11AI.62008

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

210.00

**TOTAL** This Period (last page this line number only)..... ►

74825.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. ACCULINK**

Mailing Address 1055 GREENVILLE BLVD SW

City  
GREENVILLEState  
NCZip Code  
27833-0080Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

**Transaction ID : SB21B.67231**

Amount of Each Disbursement this Period

232.70
--------

Full Name (Last, First, Middle Initial)

**B. BASE CONNECT, INC.**Mailing Address 1155 - 15TH ST, NW  
SUITE 410City  
WASHINGTONState  
DCZip Code  
20005Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

**Transaction ID : SB21B.67232**

Amount of Each Disbursement this Period

7212.92
---------

Full Name (Last, First, Middle Initial)

**C. BASE CONNECT, INC.**Mailing Address 1155 - 15TH ST, NW  
SUITE 410City  
WASHINGTONState  
DCZip Code  
20005Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

**Transaction ID : SB21B.67238**

Amount of Each Disbursement this Period

9082.75
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16528.37
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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## SPECIAL OPERATIONS FOR AMERICA

### A. BOSTON PRODUCTIONS

Category/  
Type

2120.00

State:  District:

## B. CAMPAIGN MONITOR

Candidate Name

Category/  
Type

149.00

State:  District:

### C. CAPITOL CAGING CORPORATION

Three 7-segment displays are shown, each with a different number of segments lit. The first display shows '10', the second shows '30', and the third shows '2014'. The displays are arranged horizontally and separated by slashes.

Candidate Name

Category/  
Type

4102.75

State:  District:

6371.75





<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## SPECIAL OPERATIONS FOR AMERICA

### A. DIRECT SUPPORT SERVICES

Diagram showing three different connector types: 11, 13, and 2014, each with its pin configuration indicated above the connector housing.

Mailing Address 1155 - 15TH STREET, NW  
SUITE 410

City	State	Zip Code
WASHINGTON	DC	20005

Transaction ID : SB21B.67249

Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2303.51

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

## B. DONOR BUREAU

Date of Disbursement

Mailing Address 900 NORTH CULPEPER STREET

City	State	Zip Code
ARLINGTON	VA	22207

Transaction ID : SB21B.67235

Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1268.80

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

### C. DONOR BUREAU

Date of Disbursement

Three 7-segment displays are shown, each with a different number of segments lit. The first display shows '10', the second shows '30', and the third shows '2014'. The displays are arranged horizontally and separated by slashes.

Mailing Address 900 NORTH CULPEPER STREET

City	State	Zip Code
ARLINGTON	VA	22207

Transaction ID : SB21B.67242

Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

415.33

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

3987.64

**TOTAL** This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## SPECIAL OPERATIONS FOR AMERICA

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

268.56

M M / D D / Y Y Y Y  
10 27 2014

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

169.39

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

108.06

546.01



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 201 OF 265

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FACEBOOK, INC**

Mailing Address 1601 WILLOW ROAD

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement  
ONLINE ADVERTISING: NON FEA

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

**Transaction ID : SB21B.67278**

Amount of Each Disbursement this Period

260.08
--------

Full Name (Last, First, Middle Initial)

**B. FACEBOOK, INC**

Mailing Address 1601 WILLOW ROAD

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement  
ONLINE ADVERTISING: NON FEA

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

**Transaction ID : SB21B.67275**

Amount of Each Disbursement this Period

296.49
--------

Full Name (Last, First, Middle Initial)

**C. FACEBOOK, INC**

Mailing Address 1601 WILLOW ROAD

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement  
ONLINE ADVERTISING: NON FEA

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

**Transaction ID : SB21B.67272**

Amount of Each Disbursement this Period

191.93
--------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

748.50
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 202 OF 265

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FACEBOOK, INC**

Mailing Address 1601 WILLOW ROAD

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement  
ONLINE ADVERTISING: NON FEA

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

**Transaction ID : SB21B.67273**

Amount of Each Disbursement this Period

192.08
--------

Full Name (Last, First, Middle Initial)

**B. FACEBOOK, INC**

Mailing Address 1601 WILLOW ROAD

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement  
ONLINE ADVERTISING: NON FEA

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

**Transaction ID : SB21B.67274**

Amount of Each Disbursement this Period

266.82
--------

Full Name (Last, First, Middle Initial)

**C. FACEBOOK, INC**

Mailing Address 1601 WILLOW ROAD

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement  
ONLINE ADVERTISING: NON FEA

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		04		2014

**Transaction ID : SB21B.67271**

Amount of Each Disbursement this Period

200.27
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

659.17

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FACEBOOK, INC**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y		
1	1		0	5		2	0	1	4		

Mailing Address 1601 WILLOW ROAD

**Transaction ID : SB21B.67270**

City	State	Zip Code
MENLO PARK	CA	94025

Amount of Each Disbursement this Period

Purpose of Disbursement  
ONLINE ADVERTISING: NON FEA


268.62

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y		
1	1		0	3		2	0	1	4		

Mailing Address 11325 RANDOM HILLS ROAD

**Transaction ID : SB21B.67253**

City	State	Zip Code
FAIRFAX	VA	22030

Amount of Each Disbursement this Period

Purpose of Disbursement  
BANK FEES


7.95

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y		
1	1		0	4		2	0	1	4		

Mailing Address 11325 RANDOM HILLS ROAD

**Transaction ID : SB21B.67252**

City	State	Zip Code
FAIRFAX	VA	22030

Amount of Each Disbursement this Period

Purpose of Disbursement  
BANK FEES


25.00

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►

301.57

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 204 OF 265

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
11 / 19 / 2014
**Transaction ID : SB21B.67251**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW      State CA      Zip Code 94043

Purpose of Disbursement  
ONLINE ADVERTISING: NON FEA

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
10 / 31 / 2014
**Transaction ID : SB21B.67287**

Amount of Each Disbursement this Period

173.66

Full Name (Last, First, Middle Initial)

**C. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW      State CA      Zip Code 94043

Purpose of Disbursement  
ONLINE ADVERTISING: NON FEA

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
10 / 31 / 2014
**Transaction ID : SB21B.67288**

Amount of Each Disbursement this Period

82.59

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

281.25

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 205 OF 265

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PKWY

City	State	Zip Code
MOUNTAIN VIEW	CA	94043

Purpose of Disbursement  
ONLINE ADVERTISING: NON FEA

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2014

**Transaction ID : SB21B.67283**

Amount of Each Disbursement this Period

231.06
--------

Full Name (Last, First, Middle Initial)

**B. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PKWY

City	State	Zip Code
MOUNTAIN VIEW	CA	94043

Purpose of Disbursement  
ONLINE ADVERTISING: NON FEA

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2014

**Transaction ID : SB21B.67284**

Amount of Each Disbursement this Period

252.01
--------

Full Name (Last, First, Middle Initial)

**C. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PKWY

City	State	Zip Code
MOUNTAIN VIEW	CA	94043

Purpose of Disbursement  
ONLINE ADVERTISING: NON FEA

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2014

**Transaction ID : SB21B.67285**

Amount of Each Disbursement this Period

83.73
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

566.80
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW      State CA      Zip Code 94043

Purpose of Disbursement  
ONLINE ADVERTISING: NON FEA

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2014
**Transaction ID : SB21B.67286**

Amount of Each Disbursement this Period

208.97

Full Name (Last, First, Middle Initial)

**B. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW      State CA      Zip Code 94043

Purpose of Disbursement  
ONLINE ADVERTISING: NON FEA

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2014
**Transaction ID : SB21B.67282**

Amount of Each Disbursement this Period

257.49

Full Name (Last, First, Middle Initial)

**C. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW      State CA      Zip Code 94043

Purpose of Disbursement  
ONLINE ADVERTISING: NON FEA

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2014
**Transaction ID : SB21B.67280**

Amount of Each Disbursement this Period

197.16

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

663.62

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW      State CA      Zip Code 94043

Purpose of Disbursement  
ONLINE ADVERTISING: NON FEA

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
11 / 05 / 2014
**Transaction ID : SB21B.67281**

Amount of Each Disbursement this Period

256.65

Full Name (Last, First, Middle Initial)

**B. INTEGRAM**

Mailing Address 22695 COMMERCE CENTER COURT

City DULLES      State VA      Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
10 / 23 / 2014
**Transaction ID : SB21B.67236**

Amount of Each Disbursement this Period

8253.92

Full Name (Last, First, Middle Initial)

**C. INTEGRAM**

Mailing Address 22695 COMMERCE CENTER COURT

City DULLES      State VA      Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
10 / 30 / 2014
**Transaction ID : SB21B.67243**

Amount of Each Disbursement this Period

1573.83

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10084.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 208 OF 265

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. INTEGRAM**

Mailing Address 22695 COMMERCE CENTER COURT

City  
DULLESState  
VAZip Code  
20166Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
11 / 06 / 2014
**Transaction ID : SB21B.67246**

Amount of Each Disbursement this Period

10315.23

Full Name (Last, First, Middle Initial)

**B. LEGACY LISTS, INC.**Mailing Address 1155 - 15TH STREET, NW  
SUITE 410City  
WASHINGTONState  
DCZip Code  
20005Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
10 / 23 / 2014
**Transaction ID : SB21B.67237**

Amount of Each Disbursement this Period

3439.59

Full Name (Last, First, Middle Initial)

**C. PIRYX INC**Mailing Address 144 2ND STREET  
1ST FLOORCity  
SAN FRANCISCOState  
CAZip Code  
94105Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
10 / 17 / 2014
**Transaction ID : SB21B.67254**

Amount of Each Disbursement this Period

1.13

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13755.95











<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## SPECIAL OPERATIONS FOR AMERICA

### A. RED CURVE SOLUTIONS

Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City	State	Zip Code
BEVERLY	MA	01915

Transaction ID : SB21B.67268

### Purpose of Disbursement

#### COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2000.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)  
**B. SIMPKINS ESCROW LLC**

Date of Disbursement

Three digital display boxes are shown side-by-side. The first box displays '10' with 'M' and 'M' above it. The second box displays '30' with 'D' and 'D' above it. The third box displays '2014' with 'Y', 'Y', 'Y', and 'Y' above it. Each box has a grey border and a light grey background.

Mailing Address 29243 ST JUST DR

City	State	Zip Code
UNIONVILLE	VA	22567

Transaction ID : SB21B.67244

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

570.60

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)  
**C. SIMPKINS ESCROW LLC**

Date of Disbursement

Mailing Address 29243 ST JUST DR

City	State	Zip Code
UNIONVILLE	VA	22567

Transaction ID : SB21B.67247

Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name \_\_\_\_\_

Category/  
Type

Amount of Each Disbursement this Period

676.14

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

3246.74

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 214 OF 265

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. STAPLES**

Mailing Address 3035 NEW YORK 50

City SARATOGA SPRINGS      State NY      Zip Code 12866

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2014
**Transaction ID : SB21B.67289**

Amount of Each Disbursement this Period

91.52

Full Name (Last, First, Middle Initial)

**B. TARA THOMAS DESIGN**

Mailing Address 2540 ROUTE 9

City MALTA      State NY      Zip Code 12020

Purpose of Disbursement  
WEB DEVELOPMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2014
**Transaction ID : SB21B.67267**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. TRUSTCO BANK**

Mailing Address PO BOX 1082

City SCHENECTADY      State NY      Zip Code 12301-1082

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2014
**Transaction ID : SB21B.67295**

Amount of Each Disbursement this Period

16.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2607.52

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 215 OF 265

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. TRUSTCO BANK**

Mailing Address PO BOX 1082

City	State	Zip Code
SCHENECTADY	NY	12301-1082

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

**Transaction ID : SB21B.67293**

Amount of Each Disbursement this Period

1.49
------

Full Name (Last, First, Middle Initial)

**B. TRUSTCO BANK**

Mailing Address PO BOX 1082

City	State	Zip Code
SCHENECTADY	NY	12301-1082

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

**Transaction ID : SB21B.67292**

Amount of Each Disbursement this Period

16.00
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

17.49
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222714.00
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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 216 OF 265  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523241       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>FACEBOOK, INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1601 WILLOW ROAD		Amount 103.53	
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : <b>SE.67084</b>
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate LARRY ALBERT WILSKE		<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: 53 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: CA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2170.06    2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FACEBOOK, INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1601 WILLOW ROAD		Amount 226.10	
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : <b>SE.67085</b>
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 4901.65    2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	329.63
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KAARLO HIETALA

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
04 / 23 / 2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 217 OF 265  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>					
Full Name of Payee <b>FACEBOOK, INC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1601 WILLOW ROAD			Amount <span style="border: 1px solid black; padding: 2px;">103.52</span>		
City <b>MENLO PARK</b>		State <b>CA</b>	Zip Code <b>94025</b>		
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE.67086</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>LARRY ALBERT WILSKE</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2273.58</span>			Office Sought: <input checked="" type="checkbox"/> House District: <b>53</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>FACEBOOK, INC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1601 WILLOW ROAD			Amount <span style="border: 1px solid black; padding: 2px;">103.36</span>		
City <b>MENLO PARK</b>		State <b>CA</b>	Zip Code <b>94025</b>		
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE.67087</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>LARRY ALBERT WILSKE</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2376.94</span>			Office Sought: <input checked="" type="checkbox"/> House District: <b>53</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">206.88</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <b>KAARLO HIETALA</b>			Date <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2015</span> <i>[Electronically Filed]</i>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 218 OF 265  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>FACEBOOK, INC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1601 WILLOW ROAD			Amount <span style="border: 1px solid black; padding: 2px;">217.21</span>		
City MENLO PARK		State CA	Zip Code 94025		
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE.67201</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate JONI K ERNST			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5348.30</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>FACEBOOK, INC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1601 WILLOW ROAD			Amount <span style="border: 1px solid black; padding: 2px;">220.93</span>		
City MENLO PARK		State CA	Zip Code 94025		
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE.67090</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate JONI K ERNST			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5569.23</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">438.14</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>KAARLO HIETALA</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

Full Name of Payee <b>FACEBOOK, INC</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 24 / 2014</div> </div>	
Mailing Address 1601 WILLOW ROAD		Amount <div> <div>MM / DD / YYYY</div> <div>103.07</div> </div>	
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : <b>SE.67094</b>
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type	Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 23 / 2014</div> </div>	
Name of Federal Candidate LARRY ALBERT WILSKE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House	District: <u>53</u> State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought	<div> <div>MM / DD / YYYY</div> <div>2480.01</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>136.61</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

Full Name of Payee <b>FACEBOOK, INC</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 25 / 2014</div> </div>	
Mailing Address 1601 WILLOW ROAD		Amount <div> <div>102.62</div> </div>	
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : <b>SE.67096</b>
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type	Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 25 / 2014</div> </div>	
Name of Federal Candidate LARRY ALBERT WILSKE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House    District: <u>53</u> <input type="checkbox"/> State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought	<div> <div>2589.82</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ➤	135.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ➤	
(c) <b>TOTAL</b> Independent Expenditures..... ➤	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 221 OF 265  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee <b>FACEBOOK, INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2014</b>		
Mailing Address <b>1601 WILLOW ROAD</b>		Amount <b>222.62</b>		
City <b>MENLO PARK</b>	State <b>CA</b>	Zip Code <b>94025</b>	Transaction ID : <b>SE.67098</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 25 / 2014</b>	
Name of Federal Candidate <b>JONI K ERNST</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>5892.08</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FACEBOOK, INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2014</b>		
Mailing Address <b>1601 WILLOW ROAD</b>		Amount <b>150.00</b>		
City <b>MENLO PARK</b>	State <b>CA</b>	Zip Code <b>94025</b>	Transaction ID : <b>SE.67099</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 25 / 2014</b>	
Name of Federal Candidate <b>MARTHA E. MS. MCSALLY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>AZ</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>183.54</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		<b>372.62</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>KAARLO HIETALA</b>		Date MM / DD / YYYY <b>04 / 23 / 2015</b>		
[Electronically Filed]				

Full Name of Payee <b>FACEBOOK, INC</b>		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 26 / 2014</div> </div>	
Mailing Address 1601 WILLOW ROAD		Amount <div> <div></div> <div>223.44</div> </div>	
City MENLO PARK	State CA	Zip Code 94025	<b>Transaction ID : SE.67101</b> Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 26 / 2014</div> </div>
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type	
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>6244.22</div> </div>		District: 00 State: IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	373.44
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KAARLO HIETALA

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 223 OF 265  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>FACEBOOK, INC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1601 WILLOW ROAD			Amount <span style="border: 1px solid black; padding: 2px;">100.96</span>		
City MENLO PARK		State CA	Zip Code 94025		Transaction ID : <b>SE.67102</b>
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate LARRY ALBERT WILSKE			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate			<input checked="" type="checkbox"/> House District: <u>53</u> State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2693.49</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>FACEBOOK, INC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1601 WILLOW ROAD			Amount <span style="border: 1px solid black; padding: 2px;">150.00</span>		
City MENLO PARK		State CA	Zip Code 94025		Transaction ID : <b>SE.67104</b>
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate LEE M ZELDIN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate			<input checked="" type="checkbox"/> House District: <u>01</u> State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">337.70</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">250.96</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  KAARLO HIETALA			Date <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2015</span> [Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 224 OF 265  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span>				
Full Name of Payee <b>FACEBOOK, INC</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">10</span> / <span style="border:1px solid black; padding:2px;">26</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address 1601 WILLOW ROAD			Amount <span style="border:1px solid black; padding:2px;">150.00</span>	
City MENLO PARK		State CA	Zip Code 94025	
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Transaction ID : <b>SE.67203</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">10</span> / <span style="border:1px solid black; padding:2px;">26</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate MARTHA E. MS. MCSALLY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">344.39</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>FACEBOOK, INC</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">10</span> / <span style="border:1px solid black; padding:2px;">27</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address 1601 WILLOW ROAD			Amount <span style="border:1px solid black; padding:2px;">29.51</span>	
City MENLO PARK		State CA	Zip Code 94025	
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Transaction ID : <b>SE.67105</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">10</span> / <span style="border:1px solid black; padding:2px;">27</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate LARRY ALBERT WILSKE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>53</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">2723.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">179.51</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  KAARLO HIETALA		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">04</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2015</span>



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>					
Full Name of Payee <b>FACEBOOK, INC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1601 WILLOW ROAD			Amount <span style="border: 1px solid black; padding: 2px;">34.76</span>		
City MENLO PARK		State CA	Zip Code 94025		Transaction ID : <b>SE.67106</b>
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate JONI K ERNST			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6391.55</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>FACEBOOK, INC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1601 WILLOW ROAD			Amount <span style="border: 1px solid black; padding: 2px;">121.66</span>		
City MENLO PARK		State CA	Zip Code 94025		Transaction ID : <b>SE.67107</b>
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate MARTHA E. MS. MCSALLY			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">468.44</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">156.42</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  KAARLO HIETALA			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 226 OF 265  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>FACEBOOK, INC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1601 WILLOW ROAD			Amount <span style="border: 1px solid black; padding: 2px;">121.66</span>		
City MENLO PARK		State CA	Zip Code 94025		Transaction ID : <b>SE.67108</b>
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">27</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate LEE M ZELDIN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">688.63</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>FACEBOOK, INC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1601 WILLOW ROAD			Amount <span style="border: 1px solid black; padding: 2px;">150.00</span>		
City MENLO PARK		State CA	Zip Code 94025		Transaction ID : <b>SE.67109</b>
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate LARRY ALBERT WILSKE			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: <u>53</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">2873.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">271.66</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>KAARLO HIETALA</u>			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 227 OF 265  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>FACEBOOK, INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 1601 WILLOW ROAD		Amount 150.00
City MENLO PARK	State CA	Zip Code 94025
Purpose of Expenditure ONLINE ADVERTISING	Category/Type	Transaction ID : SE.67110 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate JONI K ERNST	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 6654.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FACEBOOK, INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 1601 WILLOW ROAD		Amount 150.00
City MENLO PARK	State CA	Zip Code 94025
Purpose of Expenditure ONLINE ADVERTISING	Category/Type	Transaction ID : SE.67111 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate THOMAS COTTON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 55254.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	300.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KAARLO HIETALA

[Electronically Filed]

Date

MM / DD / YYYY  
04 / 23 / 2015

Signature

Full Name of Payee <b>FACEBOOK, INC</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 29 / 2014</div> </div>	
Mailing Address 1601 WILLOW ROAD		Amount <div> <div>150.00</div> </div>	
City MENLO PARK	State CA	Zip Code 94025	<b>Transaction ID : SE.67114</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 29 / 2014</div> </div>
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type	
Name of Federal Candidate LEE M ZELDIN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>1052.31</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">300.00</div> <div style="border-top: 1px dashed black; height: 10px; margin-top: 5px;"></div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div style="border-top: 1px dashed black; height: 10px; margin-top: 5px;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div style="border-top: 1px dashed black; height: 10px; margin-top: 5px;"></div>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 229 OF 265  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span>				
Full Name of Payee <b>FACEBOOK, INC</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">10</span> / <span style="border:1px solid black; padding:2px;">30</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address 1601 WILLOW ROAD			Amount <span style="border:1px solid black; padding:2px;">150.00</span>	
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : <b>SE.67115</b>	
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">10</span> / <span style="border:1px solid black; padding:2px;">30</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">6879.49</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>FACEBOOK, INC</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">10</span> / <span style="border:1px solid black; padding:2px;">30</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address 1601 WILLOW ROAD			Amount <span style="border:1px solid black; padding:2px;">150.00</span>	
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : <b>SE.67116</b>	
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">10</span> / <span style="border:1px solid black; padding:2px;">30</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate THOMAS COTTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">55549.66</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">300.00</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  KAARLO HIETALA		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">04</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523241       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>FACEBOOK, INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1601 WILLOW ROAD		Amount 150.00	
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : SE.67117
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate LEE M ZELDIN		<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: 01 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: NY	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FACEBOOK, INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1601 WILLOW ROAD		Amount 150.00	
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : SE.67118
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate MARTHA E. MS. MCSALLY		<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: 02 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: AZ	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	300.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KAARLO HIETALA

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
04 / 23 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00523241       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>FACEBOOK, INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 1601 WILLOW ROAD		Amount 150.00	
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : <b>SE.67119</b>
Purpose of Expenditure ONLINE ADVERTISING	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate LARRY ALBERT WILSKE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 53 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: CA
Calendar Year-To-Date Per Election for Office Sought 3023.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FACEBOOK, INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 1601 WILLOW ROAD		Amount 150.00	
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : <b>SE.67120</b>
Purpose of Expenditure ONLINE ADVERTISING	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: IA
Calendar Year-To-Date Per Election for Office Sought 7158.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	300.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KAARLO HIETALA

[Electronically Filed]

Date

MM / DD / YYYY  
04 / 23 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>FACEBOOK, INC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">31</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1601 WILLOW ROAD			Amount <span style="border: 1px solid black; padding: 2px;">150.00</span>		
City MENLO PARK		State CA	Zip Code 94025		Transaction ID : <b>SE.67122</b>
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">31</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate THOMAS COTTON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">55862.13</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>FACEBOOK, INC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">31</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1601 WILLOW ROAD			Amount <span style="border: 1px solid black; padding: 2px;">150.00</span>		
City MENLO PARK		State CA	Zip Code 94025		Transaction ID : <b>SE.67123</b>
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">31</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate MARTHA E. MS. MCSALLY			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate			District: <u>02</u> State: <u>AZ</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">951.02</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">300.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  KAARLO HIETALA			Date <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2015</span> [Electronically Filed]		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>FACEBOOK, INC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">31</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1601 WILLOW ROAD			Amount <span style="border: 1px solid black; padding: 2px;">150.00</span>		
City MENLO PARK		State CA	Zip Code 94025		Transaction ID : <b>SE.67124</b>
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">31</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate LEE M ZELDIN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1593.72</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>FACEBOOK, INC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1601 WILLOW ROAD			Amount <span style="border: 1px solid black; padding: 2px;">150.00</span>		
City MENLO PARK		State CA	Zip Code 94025		Transaction ID : <b>SE.67125</b>
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate LARRY ALBERT WILSKE			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: <u>53</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3173.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">300.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>KAARLO HIETALA</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 234 OF 265  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span>				
Full Name of Payee <b>FACEBOOK, INC</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span> <b>11 / 01 / 2014</b>	
Mailing Address 1601 WILLOW ROAD			Amount <span style="border:1px solid black; padding:2px;">150.00</span>	
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : <b>SE.67207</b>	
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span> <b>11 / 01 / 2014</b>	
Name of Federal Candidate MARTHA E. MS. MCSALLY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1125.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FACEBOOK, INC</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span> <b>11 / 01 / 2014</b>	
Mailing Address 1601 WILLOW ROAD			Amount <span style="border:1px solid black; padding:2px;">150.00</span>	
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : <b>SE.67209</b>	
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span> <b>11 / 01 / 2014</b>	
Name of Federal Candidate LEE M ZELDIN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">2062.54</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">300.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  KAARLO HIETALA		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span> <b>04 / 23 / 2015</b>

Full Name of Payee <b>FACEBOOK, INC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 1601 WILLOW ROAD			Amount 150.00		
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : <b>SE.67213</b>		
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		7494.59	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	300.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Full Name of Payee <b>FACEBOOK, INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 1601 WILLOW ROAD		Amount 150.00	
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : SE.67132
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate JONI K ERNST	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: IA <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	7644.59		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	300.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

04 / 23 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>FACEBOOK, INC</b>		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>11 / 02 / 2014</div> </div>	
Mailing Address 1601 WILLOW ROAD		Amount <div> <div></div> <div>150.00</div> </div>	
City MENLO PARK	State CA	Zip Code 94025	<b>Transaction ID : SE.67215</b> Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>11 / 02 / 2014</div> </div>
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type	
Name of Federal Candidate MARTHA E. MS. MCSALLY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: AZ
Calendar Year-To-Date Per Election for Office Sought	<div> <div></div> <div>6762.11</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>300.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

Full Name of Payee <b>FACEBOOK, INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1601 WILLOW ROAD		Amount 45.28	
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : SE.67136
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate LARRY ALBERT WILSKE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 53 State: CA
Calendar Year-To-Date Per Election for Office Sought	3368.28	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>195.28</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 239 OF 265  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>FACEBOOK, INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2014</b>
Mailing Address 1601 WILLOW ROAD		Amount 45.28
City MENLO PARK	State CA	Zip Code 94025
Purpose of Expenditure ONLINE ADVERTISING	Category/Type	Transaction ID : <b>SE.67137</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2014</b>
Name of Federal Candidate JONI K ERNST	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought 7853.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FACEBOOK, INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2014</b>
Mailing Address 1601 WILLOW ROAD		Amount 45.28
City MENLO PARK	State CA	Zip Code 94025
Purpose of Expenditure ONLINE ADVERTISING	Category/Type	Transaction ID : <b>SE.67138</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2014</b>
Name of Federal Candidate THOMAS COTTON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 56649.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	90.56
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KAARLO HIETALA

[Electronically Filed]

Date

MM / DD / YYYY  
04 / 23 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 240 OF 265  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>FACEBOOK, INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>11 / 04 / 2014</b>		
Mailing Address <b>1601 WILLOW ROAD</b>		Amount <b>121.66</b>		
City <b>MENLO PARK</b>	State <b>CA</b>	Zip Code <b>94025</b>	Transaction ID : <b>SE.67139</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>11 / 04 / 2014</b>	
Name of Federal Candidate <b>MARTHA E. MS. MCSALLY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>AZ</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>6888.10</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FACEBOOK, INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>11 / 04 / 2014</b>		
Mailing Address <b>1601 WILLOW ROAD</b>		Amount <b>121.66</b>		
City <b>MENLO PARK</b>	State <b>CA</b>	Zip Code <b>94025</b>	Transaction ID : <b>SE.67140</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>11 / 04 / 2014</b>	
Name of Federal Candidate <b>LEE M ZELDIN</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NY</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>9062.42</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>243.32</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <b>KAARLO HIETALA</b>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y <b>04 / 23 / 2015</b>



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>GOOGLE</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1600 AMPHITHEATRE PKWY			Amount <span style="border: 1px solid black; padding: 2px;">73.40</span>		
City <b>MOUNTAIN VIEW</b>		State <b>CA</b>	Zip Code <b>94043</b>		
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		Transaction ID : <b>SE.67141</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>JONI K ERNST</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">4675.55</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>GOOGLE</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1600 AMPHITHEATRE PKWY			Amount <span style="border: 1px solid black; padding: 2px;">121.18</span>		
City <b>MOUNTAIN VIEW</b>		State <b>CA</b>	Zip Code <b>94043</b>		
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		Transaction ID : <b>SE.67142</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>JONI K ERNST</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <u>00</u> <input type="checkbox"/> President    State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5022.83</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">194.58</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>KAARLO HIETALA</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>					
Full Name of Payee <b>GOOGLE</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1600 AMPHITHEATRE PKWY			Amount <span style="border: 1px solid black; padding: 2px;">108.26</span>		
City MOUNTAIN VIEW		State CA	Zip Code 94043		
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE.67152</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate JONI K ERNST			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5131.09</span>					
Full Name of Payee <b>GOOGLE</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1600 AMPHITHEATRE PKWY			Amount <span style="border: 1px solid black; padding: 2px;">100.23</span>		
City MOUNTAIN VIEW		State CA	Zip Code 94043		
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Transaction ID : <b>SE.67153</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate JONI K ERNST			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5669.46</span>					
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">208.49</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  KAARLO HIETALA			Date <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2015</span> <i>[Electronically Filed]</i>		

C	C00523241
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7.19

Category/ Type	
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☐ President ☐ Senate State: CA

2487 20

Disbursement For: ☐ Primary ☒ General  
2014 ☐ Other (specify) ▶

Three digital displays showing the date 10/24/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '24' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

4.52

Category/ Type	
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Three digital displays are shown side-by-side. The first display shows the number '10' with two small gray blocks above it, labeled 'M' and 'M'. The second display shows the number '23' with two small gray blocks above it, labeled 'D' and 'D'. The third display shows the number '2014' with four small gray blocks above it, labeled 'Y', 'Y', 'Y', and 'Y'. The displays are separated by slashes.

☐ President ☐ Senate State: NY

37.70

Disbursement For: ☐ Primary ☒ General  
2014 ☐ Other (specify) ▶

11.71

[illegible]

04 / 23 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>GOOGLE</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 1600 AMPHITHEATRE PKWY		Amount 2.71	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Transaction ID : <b>SE.67157</b>
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate LARRY ALBERT WILSKE	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>53</u> State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought	2592.53	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	131.41
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

04 / 23 / 2015

C	C00523241
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112.57

Three 10-pin D-sub connectors are shown, each with a different pin number: 10, 26, and 2014. The connectors are arranged horizontally, separated by slashes. Each connector has a grey plastic housing and a metal shield. The pin numbers are printed in large black digits on the front of each connector. Above the pin numbers, the letters 'M', 'D', and 'Y' are printed in small black font, indicating the connector type.

Office Sought: ☐ House District: 00  
☐ President ☒ Senate State: IA

Disbursement For: ☐ Primary ☒ General  
2014 ☐ Other (specify) ▶

10.85

Three digital displays are shown side-by-side. The first display shows the number '10' with two small squares above it, labeled 'M' and 'M'. The second display shows the number '26' with two small squares above it, labeled 'D' and 'D'. The third display shows the number '2014' with four small squares above it, labeled 'Y', 'Y', 'Y', and 'Y'.

Office Sought: ☒ House District: 02  
☐ President ☐ Senate State: AZ

Disbursement For: ☐ Primary ☒ General  
2014 ☐ Other (specify) ▶

123.42

04 / 23 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>					
Full Name of Payee <b>GOOGLE</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1600 AMPHITHEATRE PKWY			Amount <span style="border: 1px solid black; padding: 2px;">178.77</span>		
City MOUNTAIN VIEW		State CA	Zip Code 94043		Transaction ID : <b>SE.67160</b>
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate LEE M ZELDIN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">516.47</span>			Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>GOOGLE</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1600 AMPHITHEATRE PKWY			Amount <span style="border: 1px solid black; padding: 2px;">50.50</span>		
City MOUNTAIN VIEW		State CA	Zip Code 94043		Transaction ID : <b>SE.67162</b>
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate LEE M ZELDIN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">566.97</span>			Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">229.27</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>KAARLO HIETALA</u>			Date <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 247 OF 265  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>GOOGLE</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 26 / 2014</b>
Mailing Address 1600 AMPHITHEATRE PKWY		Amount <b>2.39</b>
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	Zip Code <b>94043</b>
Purpose of Expenditure <b>ONLINE ADVERTISING</b>	Category/Type	Transaction ID : <b>SE.67205</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 26 / 2014</b>
Name of Federal Candidate <b>MARTHA E. MS. MCSALLY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>GOOGLE</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 27 / 2014</b>
Mailing Address 1600 AMPHITHEATRE PKWY		Amount <b>4.88</b>
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	Zip Code <b>94043</b>
Purpose of Expenditure <b>ONLINE ADVERTISING</b>	Category/Type	Transaction ID : <b>SE.67163</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 27 / 2014</b>
Name of Federal Candidate <b>MARTHA E. MS. MCSALLY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>7.27</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KAARLO HIETALA

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 23 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 248 OF 265  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span>				
Full Name of Payee <b>GOOGLE</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M</span> / <span style="border:1px solid black; padding:2px;">D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span> <b>10 / 27 / 2014</b>	
Mailing Address    1600 AMPHITHEATRE PKWY			Amount <span style="border:1px solid black; padding:2px;">113.30</span>	
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	Zip Code <b>94043</b>	Transaction ID : <b>SE.67164</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span> <b>10 / 27 / 2014</b>	
Name of Federal Candidate <b>JONI K ERNST</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">6504.85</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>GOOGLE</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M</span> / <span style="border:1px solid black; padding:2px;">D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span> <b>10 / 27 / 2014</b>	
Mailing Address    1600 AMPHITHEATRE PKWY			Amount <span style="border:1px solid black; padding:2px;">38.19</span>	
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	Zip Code <b>94043</b>	Transaction ID : <b>SE.67165</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span> <b>10 / 27 / 2014</b>	
Name of Federal Candidate <b>LEE M ZELDIN</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">726.82</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">151.49</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <b>KAARLO HIETALA</b>		[Electronically Filed]    Date <span style="border:1px solid black; padding:2px;">M M</span> / <span style="border:1px solid black; padding:2px;">D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span> <b>04 / 23 / 2015</b>		



C C00523241

175.49

Category/ Type	
-------------------	--

Office Sought: ☒ House District: 01  
☐ President ☐ Senate State: NY

Disbursement For: ☐ Primary ☒ General  
2014 ☐ Other (specify) ▶

Three digital displays showing the date 10/29/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '29' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

8.44

Category/ Type	
-------------------	--

Office Sought: ☒ House District: 02  
☐ President ☐ Senate State: AZ

631.76

Disbursement For: ☐ Primary ☒ General  
2014 ☐ Other (specify) ▶

183.93

A diagram of a rectangular frame structure. It consists of 12 vertical bars and 3 horizontal bars. The top and bottom horizontal bars are continuous across the entire width. The middle horizontal bar is divided into three equal segments by two vertical bars. The vertical bars are spaced evenly along the top and bottom edges.

A diagram of a rectangular frame structure. It consists of 10 vertical bars and 3 horizontal bars. The top and bottom horizontal bars are continuous across the entire width. There are 10 vertical bars, each with a small square at its base. The second horizontal bar from the bottom is supported by the first three vertical bars from the left. The third horizontal bar from the bottom is supported by the fourth, fifth, and sixth vertical bars from the left. The remaining vertical bars (7th, 8th, 9th, and 10th) are not supported by any horizontal bars.

FEC Schedule E (Form 3X) Rev. 09/2013

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 250 OF 265  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>					
Full Name of Payee <b>GOOGLE</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1600 AMPHITHEATRE PKWY			Amount <span style="border: 1px solid black; padding: 2px;">145.02</span>		
City <b>MOUNTAIN VIEW</b>		State <b>CA</b>	Zip Code <b>94043</b>		
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		Transaction ID : <b>SE.67168</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>THOMAS COTTON</b>			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">55399.66</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ <span style="border: 1px solid black; padding: 2px;"> </span>		
Full Name of Payee <b>GOOGLE</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address    1600 AMPHITHEATRE PKWY			Amount <span style="border: 1px solid black; padding: 2px;">74.64</span>		
City <b>MOUNTAIN VIEW</b>		State <b>CA</b>	Zip Code <b>94043</b>		
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>		Transaction ID : <b>SE.67169</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate <b>JONI K ERNST</b>			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6729.49</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ <span style="border: 1px solid black; padding: 2px;"> </span>		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">219.66</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>KAARLO HIETALA</u>			Date <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

[Electronically Filed]

Full Name of Payee <b>GOOGLE</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 30 / 2014</div> </div>	
Mailing Address 1600 AMPHITHEATRE PKWY		Amount <div> <div>19.26</div> </div>	
City MOUNTAIN VIEW	State CA	Zip Code 94043	<b>Transaction ID : SE.67171</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 30 / 2014</div> </div>
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type	
Name of Federal Candidate MARTHA E. MS. MCSALLY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate
		District: <u>02</u> State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought		<div> <div>801.02</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	83.32
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 252 OF 265  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>GOOGLE</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014
Mailing Address 1600 AMPHITHEATRE PKWY		Amount 162.47
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Expenditure ONLINE ADVERTISING	Category/Type	Transaction ID : SE.67172 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate THOMAS COTTON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 55712.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>GOOGLE</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014
Mailing Address 1600 AMPHITHEATRE PKWY		Amount 128.56
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Expenditure ONLINE ADVERTISING	Category/Type	Transaction ID : SE.67173 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate JONI K ERNST	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 7008.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	291.03
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KAARLO HIETALA

[Electronically Filed]

Date

MM / DD / YYYY  
04 / 23 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 253 OF 265  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>					
Full Name of Payee <b>GOOGLE</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1600 AMPHITHEATRE PKWY			Amount <span style="border: 1px solid black; padding: 2px;">177.35</span>		
City MOUNTAIN VIEW		State CA	Zip Code 94043		Transaction ID : <b>SE.67174</b>
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate LEE M ZELDIN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1443.72</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>GOOGLE</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">31</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1600 AMPHITHEATRE PKWY			Amount <span style="border: 1px solid black; padding: 2px;">5.21</span>		
City MOUNTAIN VIEW		State CA	Zip Code 94043		Transaction ID : <b>SE.67175</b>
Purpose of Expenditure ONLINE ADVERTISING		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">31</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate MARTHA E. MS. MCSALLY			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">956.23</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">182.56</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>KAARLO HIETALA</u>			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 254 OF 265  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>GOOGLE</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>10 / 31 / 2014</b>	
Mailing Address    1600 AMPHITHEATRE PKWY			Amount <span style="border:1px solid black; padding:2px;">144.09</span>	
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	Zip Code <b>94043</b>	Transaction ID : <b>SE.67177</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>10 / 31 / 2014</b>	
Name of Federal Candidate <b>THOMAS COTTON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">56006.22</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>GOOGLE</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>10 / 31 / 2014</b>	
Mailing Address    1600 AMPHITHEATRE PKWY			Amount <span style="border:1px solid black; padding:2px;">81.86</span>	
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	Zip Code <b>94043</b>	Transaction ID : <b>SE.67178</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>10 / 31 / 2014</b>	
Name of Federal Candidate <b>JONI K ERNST</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">7239.91</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">225.95</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <b>KAARLO HIETALA</b>		[Electronically Filed]    Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> <b>04 / 23 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 255 OF 265  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00523241</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>GOOGLE</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 31 / 2014</div>		
Mailing Address    1600 AMPHITHEATRE PKWY			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">177.04</div>		
City <b>MOUNTAIN VIEW</b>		State <b>CA</b>	Zip Code <b>94043</b>		<b>Transaction ID : SE.67179</b>
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 31 / 2014</div>	
Name of Federal Candidate <b>LEE M ZELDIN</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>GOOGLE</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 01 / 2014</div>		
Mailing Address    1600 AMPHITHEATRE PKWY			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">19.55</div>		
City <b>MOUNTAIN VIEW</b>		State <b>CA</b>	Zip Code <b>94043</b>		<b>Transaction ID : SE.67180</b>
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11 / 01 / 2014</div>	
Name of Federal Candidate <b>MARTHA E. MS. MCSALLY</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">196.59</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <b>KAARLO HIETALA</b>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 23 / 2015</div>		
			[Electronically Filed]		

Full Name of Payee <b>GOOGLE</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1600 AMPHITHEATRE PKWY		Amount 104.68	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Transaction ID : <b>SE.67182</b>
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate JONI K ERNST	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: IA
Calendar Year-To-Date Per Election for Office Sought	7344.59	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	249.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 257 OF 265  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>GOOGLE</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>11 / 01 / 2014</b>	
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>		Amount <b>141.78</b>	
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	Zip Code <b>94043</b>	Transaction ID : <b>SE.67183</b>
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>11 / 01 / 2014</b>
Name of Federal Candidate <b>LEE M ZELDIN</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NY</b>
Calendar Year-To-Date Per Election for Office Sought <b>1912.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>GOOGLE</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>11 / 02 / 2014</b>	
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>		Amount <b>152.50</b>	
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	Zip Code <b>94043</b>	Transaction ID : <b>SE.67185</b>
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>11 / 02 / 2014</b>
Name of Federal Candidate <b>THOMAS COTTON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>56603.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		<b>294.28</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>KAARLO HIETALA</b>		Date M M M / D D D / Y Y Y Y Y Y <b>04 / 23 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 258 OF 265  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>GOOGLE</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>11 / 02 / 2014</b>	
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>		Amount <b>163.86</b>	
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	Zip Code <b>94043</b>	Transaction ID : <b>SE.67186</b>
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>11 / 02 / 2014</b>
Name of Federal Candidate <b>JONI K ERNST</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>7808.45</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>GOOGLE</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>11 / 02 / 2014</b>	
Mailing Address <b>1600 AMPHITHEATRE PKWY</b>		Amount <b>4.33</b>	
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	Zip Code <b>94043</b>	Transaction ID : <b>SE.67217</b>
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>11 / 02 / 2014</b>
Name of Federal Candidate <b>MARTHA E. MS. MCSALLY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought <b>6766.44</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>168.19</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <b>KAARLO HIETALA</b>		Date M M M / D D D / Y Y Y Y Y Y <b>04 / 23 / 2015</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 259 OF 265  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span>				
Full Name of Payee <b>GOOGLE</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span> <b>11 / 02 / 2014</b>	
Mailing Address 1600 AMPHITHEATRE PKWY			Amount <span style="border:1px solid black; padding:2px;">156.08</span>	
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	Zip Code <b>94043</b>	Transaction ID : <b>SE.67221</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span> <b>11 / 02 / 2014</b>	
Name of Federal Candidate <b>LEE M ZELDIN</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">8940.76</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>GOOGLE</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span> <b>11 / 04 / 2014</b>	
Mailing Address 1600 AMPHITHEATRE PKWY			Amount <span style="border:1px solid black; padding:2px;">45.52</span>	
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	Zip Code <b>94043</b>	Transaction ID : <b>SE.67188</b>	
Purpose of Expenditure <b>ONLINE ADVERTISING</b>		Category/Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span> <b>11 / 04 / 2014</b>	
Name of Federal Candidate <b>MARTHA E. MS. MCSALLY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">6933.62</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">201.60</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <b>KAARLO HIETALA</b>		[Electronically Filed]    Date <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span> <b>04 / 23 / 2015</b>		

Full Name of Payee <b>GOOGLE</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1600 AMPHITHEATRE PKWY		Amount 150.16	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Transaction ID : <b>SE.67190</b> Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type	
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		8003.89	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1654 1364 1661"> <tr><td data-bbox="1102 1654 1364 1661">290.10</td></tr> </table>	290.10
290.10		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶ <table border="1" data-bbox="1102 1661 1364 1665"> <tr><td data-bbox="1102 1661 1364 1665"></td></tr> </table>	
(c) <b>TOTAL</b> Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1665 1364 1671"> <tr><td data-bbox="1102 1665 1364 1671"></td></tr> </table>	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee <b>GOOGLE</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1600 AMPHITHEATRE PKWY		Amount 128.62	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Transaction ID : <b>SE.67192</b>
Purpose of Expenditure ONLINE ADVERTISING	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate LEE M ZELDIN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 01 State: NY
Calendar Year-To-Date Per Election for Office Sought	9191.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">131.93</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures.....	▶	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 262 OF 265  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>MULTI MEDIA SERVICES</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">10</span> / <span style="border:1px solid black; padding:2px;">21</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address <b>915 KING STREET 2ND FLOOR</b>			Amount <span style="border:1px solid black; padding:2px;">50022.00</span>	
City <b>ALEXANDRIA</b>		State <b>VA</b>	Zip Code <b>22314</b>	
Purpose of Expenditure <b>PLACED MEDIA</b>		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Transaction ID : <b>SE.67151</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">10</span> / <span style="border:1px solid black; padding:2px;">21</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate <b>THOMAS COTTON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">55104.64</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>THE POLITICAL FIRM</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">11</span> / <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address <b>5555 HILTON AVE SUITE 203</b>			Amount <span style="border:1px solid black; padding:2px;">1780.92</span>	
City <b>BATON ROUGE</b>		State <b>LA</b>	Zip Code <b>70808</b>	
Purpose of Expenditure <b>LIST RENTAL</b>		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Transaction ID : <b>SE.67193</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">11</span> / <span style="border:1px solid black; padding:2px;">02</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate <b>LEE M ZELDIN</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">3843.46</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">51802.92</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <b>KAARLO HIETALA</b>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">04</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2015</span>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 263 OF 265  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>THE POLITICAL FIRM</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2014</b>
Mailing Address 5555 HILTON AVE SUITE 203		Amount 1778.73
City BATON ROUGE	State LA	Zip Code 70808
Purpose of Expenditure LIST RENTAL	Category/ Type	Transaction ID : <b>SE.67196</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2014</b>
Name of Federal Candidate MARTHA E. MS. MCSALLY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought 2904.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>THE POLITICAL FIRM</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2014</b>
Mailing Address 5555 HILTON AVE SUITE 203		Amount 2962.18
City BATON ROUGE	State LA	Zip Code 70808
Purpose of Expenditure TELEMARKETING SERVICES	Category/ Type	Transaction ID : <b>SE.67197</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2014</b>
Name of Federal Candidate LEE M ZELDIN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NY</b>
Calendar Year-To-Date Per Election for Office Sought 6805.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	4740.91
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KAARLO HIETALA

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**04 / 23 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 264 OF 265  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span>				
Full Name of Payee <b>THE POLITICAL FIRM</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span> <b>11 / 02 / 2014</b>	
Mailing Address 5555 HILTON AVE SUITE 203			Amount <span style="border:1px solid black; padding:2px;">2290.86</span>	
City BATON ROUGE	State LA	Zip Code 70808	Transaction ID : <b>SE.67198</b>	
Purpose of Expenditure TELEMARKETING SERVICES		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span> <b>11 / 02 / 2014</b>	
Name of Federal Candidate MARTHA E. MS. MCSALLY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">5195.37</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>THE POLITICAL FIRM</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span> <b>11 / 02 / 2014</b>	
Mailing Address 5555 HILTON AVE SUITE 203			Amount <span style="border:1px solid black; padding:2px;">1829.04</span>	
City BATON ROUGE	State LA	Zip Code 70808	Transaction ID : <b>SE.67199</b>	
Purpose of Expenditure TELEMARKETING SERVICES		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span> <b>11 / 02 / 2014</b>	
Name of Federal Candidate LEE M ZELDIN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">8634.68</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;">4119.90</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  KAARLO HIETALA		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span> <b>04 / 23 / 2015</b>



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SPECIAL OPERATIONS FOR AMERICA</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523241
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>THE POLITICAL FIRM</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2014</b>
Mailing Address <b>5555 HILTON AVE SUITE 203</b>		Amount <b>1416.74</b>
City <b>BATON ROUGE</b>	State <b>LA</b>	Zip Code <b>70808</b>
Purpose of Expenditure <b>TELEMARKETING SERVICES</b>	Category/Type	Transaction ID : <b>SE.67200</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2014</b>
Name of Federal Candidate <b>MARTHA E. MS. MCSALLY</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought <b>6612.11</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1416.74</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>72537.98</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KAARLO HIETALA

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 23 / 2015**

Signature